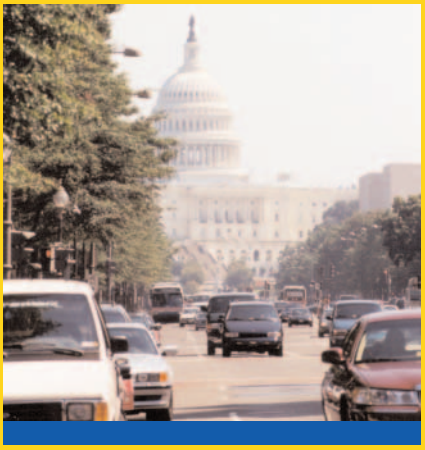
THE DISTRICT OF COLUMBIA

HEALTHY PEOPLE 2010

Annual Implementation Plan

Year 2002

PROGRESS REPORT



Government of the
District of Columbia
Anthony A. Williams, Mayor

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DOH
DEPARTMENT OF HEALTH
James A. Buford, Director

The District of Columbia

HEALTHY PEOPLE 2010

ANNUAL IMPLEMENTATION PLAN

Year 2002

PROGRESS REPORT

Government of the District of Columbia
Anthony A. Williams, Mayor

ACKNOWLEDGEMENTS

Carolyn Graham
Deputy Mayor for
Children, Youth and Families

James A. Buford
Director,
Department of Health

Michael Richardson, MD
Senior Deputy Director for
Medical Affairs

Ronald E. Lewis
Senior Deputy Director for
Health Promotion

Wanda R. Tucker
Interim Senior Deputy Director
for Medical Assistance

Theodore J. Gordon
Senior Deputy Director
Environmental Health
Science and Regulations

William Steward
Acting Senior Deputy Director
Substance Abuse Administration

State Center for Health Statistics Administration

Carl W. Wilson, Director, SCHSA

2010 Work Group

Patricia Theiss, Coordinator
Joy Phillips, PhD
Fern Johnson Clarke, PhD
John Sumner, PhD
Manzur Ejaz, PhD
Willis Bradwell

2010 Focus Area Program Liaisons

Sherry Billings
Leona Brown
John Davies-Cole, PhD
Cheryl Eason
Elona Finkelstein
Gabriella Gonzales, MD
Marcia Harrison
Paulette Jackson
Vincent Kofie
Deneen Long-White
Rosie McClaren
Elizabeth Neilson
LaRah Payne, ScD
Amelia Peterson Dozier
Juanita Reaves, PhD
Heather Reffett
Michael Richardson, MD
William Robertson
Kimberley Turner

TABLE OF CONTENTS

INTRODUCTION 1

HEALTHY PEOPLE 2010 PLAN OBJECTIVES

Promote Healthy Behavior

1. **Nutrition** 5
2. **Tobacco Use** 10

Promote Healthy and Safe Communities

3. **Environmental Health and Food** 15
4. **Injury/ Violence Prevention** 19
5. *Pediatric Dental Health** -

Improve Access to Quality Health Care Services

6. **Primary Care** 27
7. **Emergency Medical Services** 30
8. **Health Care Finance** 33
9. **Maternal, Infant and Child Health and Family Planning** 38
10. **Public Health Infrastructure** 43

Prevent and Reduce Diseases and Disorders

11. **Asthma** 55
12. **Cancer** 57
13. **Diabetes** 66
14, **Disabilities** 70
15. **Heart Disease and Stroke – Cardiovascular Disease** 73
16. **HIV/AIDS** 77
17. **Immunization** 83
18. **Mental Health and Mental Disorders** 86
19. **Sexually Transmitted Diseases** 92
20. **Substance Abuse** 95
21. **Tuberculosis**

Key: * Section will be submitted in the AIP for 2003 or 2004.

INTRODUCTION

The Annual Implementation Plan (AIP) is a companion document to the District of Columbia Healthy People 2010 Plan. Goals, objectives and recommended strategies in the Healthy People 2010 Plan are focused on eliminating health disparities and extending the years of healthy life for all residents of the District of Columbia by the Year 2010.

The AIP is a one-year community action plan which contains priority 2010 objectives selected from the Healthy People 2010 Plan, along with strategies that are to be measured for progress achieved within a one-year period. If significant achievements are made in the given period, the AIP objectives will progressively lead to the accomplishment of the long-range goals in the Healthy People 2010 Plan. Progress towards achievement of these objectives will be measured at the end of the implementation year (December, 2002).

The report of progress made during 2002 in attaining the stated December 2002 Target is presented in this supplement to the 2002 AIP. This document is a compilation of the end-of-the-year progress summaries submitted by the program liaisons in each of the twenty focus areas of the Healthy People 2010 Plan for the District of Columbia that are addressed in the 2002 AIP. For additional information on the Focus Area Programs, objectives and strategies in the 2002 AIP, please contact the 2010 program liaisons or the program coordinator who can be reached at (202) 442-9039.

Each of the Focus Areas that relate to the Ten Leading Health Indicators is identified for consideration in the evaluation of the impact of strategies implemented on the health of residents. These indicators serve as national criteria for comparing the health of Americans at the state and county level. These are the ten leading health indicators selected by an interagency work group within the federal Department of Health and Human Services and reviewed in a process of regional and national meetings. These indicators were selected based on their ability to motivate action, the availability of data to measure their progress and their relevance to broad public health issues. A profile of resident health based on the below-listed indicators is presented in a separate report.

- Physical activity
- Overweight and obesity
- Tobacco use
- Substance abuse
- Responsible sexual behavior
- Mental health
- Injury and violence
- Environmental quality
- Immunization and
- Access to healthcare

PROMOTE HEALTHY BEHAVIORS

1. NUTRITION
2. TOBACCO USE

Focus Area: Nutrition

Overweight and Obesity are leading health indicators**.**

1) **2010 Goal 1-1:** The proportion of infants and children up to five years of age in the Women, Infants, and Children (WIC) Program with a hemoglobin of 11.5 gm/dl or less as registered at subsequent certification visits has been reduced by 4 percent.

Objective 1-1: Reduce by 4 percent the proportion of infants and children up to the age of five years in the Special Supplemental Nutrition Program for WIC registering a hemoglobin of 11.5 gm/dl or less at subsequent certification visits.

Baseline 1-1: According to FY 1999 WIC participation data for the District of Columbia, the average percentage for low iron classification is 22 percent.

December 2002 Target: As of December 2002, the proportion of infants and children under five years of age registering low iron levels in the blood will be decreased by 1 percent from 22 to 21 percent.

Status:

1) Will the December 2002 target be attained?

Yes

2) If the target is attained, by what margin? (100%, 75%??)

Less than 100%

3) Which strategies were most successful in target attainment?

Testing for hemoglobin levels along with direct nutrition counseling and targeted education classes for the participants and their families.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

Anemia will continue to be a major focus of the Supplemental Nutrition Program for Women, Infants and Children. However, a greater focus will be placed on other key nutrition issues.

6) What objectives will be carried over into the (new) Nutrition and Overweight Chapter of the 2003 AIP?

This objective will be carried over into the 2003 AIP. (1-1)

7) Which new objectives will be introduced in the Nutrition section of this new chapter of the 2003 AIP?

No new objective for anemia is planned.

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

2) **2010 Goal 1-2**: The rates for breast-feeding and the duration of breast-feeding among women enrolled in the WIC Program in the District of Columbia have been increased to 35 percent.

Objective 1-2: Increase to 35 percent the proportion of low-income residents enrolled in the Women, Infants and Children (WIC) program who breast-feed their babies in the early postpartum period and increase to at least 15 percent the proportion breast-feeding until their infants are six months old.

Baseline 1-2: In 2000, only 10 percent of the 37 percent practicing breast-feeding, continue the practice past six months postpartum.

December 2002 Target: As of December 2002, 31 percent of clients will breast-feed their babies in the early postpartum period and at least 11 percent will continue until the baby has reached 6 months of age.

Status:

1) Will the December 2002 target be attained?

Yes

2) If the target is attained, by what margin? (100%, 75%??)

Less than 100% (based on July, 2002 participation data)

3) Which strategies were most successful in target attainment?

Quarterly trainings for staff including breastfeeding peer counselors and males that focused on promotion and support and troubleshooting

4) Which strategies were least successful?

Extensive advertising via postal service for "Beautiful Beginnings" Club meetings. Word of mouth, posters in clinics and the newsletter are just as effective and use fewer resources (financial and human).

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

Breastfeeding initiation and duration will remain a priority.

6) What objectives will be carried over into the (new) Nutrition and Overweight section of the 2003 AIP?

Objective 1-2 will be modified.

7) Which new objectives will be introduced in this new area of the Nutrition section of the 2003 AIP?

None foreseen

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

3) **2010 Goal 1-3:** Seventy-five percent of WIC participants presenting for a second nutrition contact are taught about the health hazards of obesity and the benefits of good nutrition and regular exercise as life-long prevention strategies in a section on obesity in the core WIC Education Curriculum.

Objective 1-3: Reach 75 percent of WIC participants with lessons on obesity and the benefits of good nutrition and regular exercise in a section on obesity in the WIC core curriculum.

Baseline 1-3: As of 2001, WIC participants are not being taught about obesity, its long-term adverse effects on health and preventive strategies, since no section on obesity is included in the WIC core curriculum. However, based on WIC reports, approximately 10 percent of all participants are documented as being at or above the 95th percentile in weight for height.)

December 2002 Target: As of December 2002, a chapter on obesity will be inserted in the WIC core curriculum, and clients are being counseled on well-balanced diets and the need to maintain a healthy weight, as well as proper diet in variety and quantity.

Status:

1) Will the December 2002 target be attained?

No

2) If the target is attained, by what margin? (100%, 75%??) *N/A*

3) Which strategies were most successful in target attainment?

Obesity Education is the most successful strategy. The obesity education curriculum is currently under review by licensed nutritionists. Implementation should begin in the third quarter of FY 2003.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

Obesity education efforts will continue to be a priority and will be expanded to include the Food Stamp eligible population.

6) What objectives will be carried over into the (new) Nutrition and Overweight/Obesity section of the 2003 AIP?

Objective 1-3 will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the expanded Nutrition section of of the 2003 AIP?

The Obesity and Physical Activity education objective will be expanded as to read as follows:

- *1-3.1 Forty-five percent of WIC participants presenting for a second nutrition contact are taught about the (benefits of) physical activity, the hazards of obesity, and the benefits of good nutrition and regular exercise as life-long (disease) prevention strategies in a section on obesity in the core WIC Education Curriculum.*

- *The number was decreased, because the original percentage did not factor in that infants – which make up a significant portion of our participants – will not necessarily receive this information. Education for infants usually focuses on infant feeding issues.*

- *1-3.2 Twenty-five percent of the Food Stamp Nutrition Education Plan target audience will attend an education session on physical activity, the hazards of obesity, and the benefits of good nutrition and regular exercise as a life-long prevention strategy.*

8) If there is any additional information that you wish to provide regarding the 2003 AIP, please do so here. *N/A*

Focus Area: Tobacco Use

Tobacco Use is a leading health indicator.

1) **2010 Goal 2-1:** No more than 18.5 percent of adults are current smokers.

Objective 2-1: Reduce to 18.5 percent the proportion of adults (18 years or older) who are current smokers.

Baseline 2-1: 20.9 percent of adults were current smokers in the District of Columbia in 2000 according to the Behavioral Risk Factor Surveillance Survey (BRFSS),

December 2002 Target: As of December 2002, 11,000 of the adult population will be reached through anti-smoking educational campaigns.

Status:

1) Will the December 2002 target be attained?

No, the target will not be attained, due to the lack of the Master Settlement Agreement (MSA) funds and staff.

2) If the target is attained, by what margin? (100%, 75%??) *N/A*

3) Which strategies were most successful in target attainment?

Even though our target was not attained, the strategies implemented that were successful are the following:

- *Provide anti-tobacco educational materials to District residents*
- *Promote smoking cessation programs in the community and coordinate efforts with current programs through promotions and incentives for attendees and*
- *Promote cessation Hotline services.*

4) Which strategies were least successful?

Strategies that were unsuccessful, due to lack of MSA funds and staff are the following:

- *Produce and promote an interactive Internet commercial on the benefits of quitting smoking and*

- *Implement an environmental tobacco smoke (ETS) campaign with emphasis on the dangers of second-hand smoke.*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

N/A Target was not attained.

6) What objectives will be carried over for Tobacco in the 2003 AIP?

All of the above

7) Which new objectives will be introduced in the 2003 AIP?

None

8) If there is more information on the 2003 AIP, please add it here. N/A

2) **2010 Goal 2-1.2:** No more than 15 percent of youth in the District of Columbia are current smokers.

Objective 2-1.2 Reduce to 15 percent the proportion of youth (under 18 years of age) who are current smokers in the District of Columbia.

Baseline 2-1.2: Seventeen percent of youth in the District of Columbia were current smokers in 1999 (BRFSS).

December 2002 Target: As of December 2002, 4,000 of the youth population will be reached through educational anti-smoking campaigns, including workshops and youth-led activities.

Status:

1) Will the December 2002 target be attained?

No, the December 2002 target will not be attained, due to lack of Master Settlement Agreement (MSA) funds and staff.

2) If the target is attained, by what margin? (100%, 75%??) *N/A*

3) Which strategies were most successful in target attainment?

Even though our target was not attained, the strategy implemented that was successful was the following:

- *Conducting workshops for youth groups on the hazards of tobacco use.*

4) Which strategies were least successful?

Strategies that were unsuccessful, due to lack of the MSA funds and staff are the following:

- *Administering the Youth Tobacco Survey in the District's Public Schools at the Junior High, Middle School and High School levels;*

- *Publishing the results of the survey and*

- *Implementing an "antibeedies" campaign.*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies? *N/A*

6) What objectives will be carried over into the 2003 AIP?

Same as the above

7) Which new objectives will be introduced in the 2003 AIP?

None

8) If there is more information on the 2003 AIP, please add it here. *N/A*

PROMOTE HEALTHY AND SAFE COMMUNITIES

3. ENVIRONMENTAL HEALTH AND FOOD SAFETY
4. INJURY/ VIOLENCE PREVENTION
5. PEDIATRIC DENTAL HEALTH (foreseen for the 2003 AIP)

Focus Area: Environmental Health and Food Safety

Environmental Quality is a leading health indicator.

1) **2010 Goal: 3-2**: No screenings of District children result in blood lead levels in excess of 25 ug/dL, and no more than 1 percent have blood lead levels exceeding 15 ug/dL.

Objective 3-2: Reduce in children ages 6 months to 6 years, the prevalence of blood lead levels in excess of 15 ug/dL and ensure that no District child in this age group has a blood lead level in excess of 25 ug/dL.

Baseline 3-2: It is estimated that 1,516 or 3 percent of District children had blood lead levels exceeding 15 mg/dL, and 1,011 or 2 percent had blood lead levels exceeding 25 ug/dL in FY 1999.

December 2002 Target: As of December 2002, there will be 22,000 screenings of children in the 6 months to 6 years age group.

Status:

1) Will the December 2002 target be attained?

The target has been met.

2) If the target is attained, by what margin? (100%, 75%??)

It has been exceeded by 839 screenings of children in the 6 months to 6 years age group, bringing the total number of screenings to 22,839.

3) Which strategies were most successful in target attainment?

This target was successfully met due to:

a) The large number of outreach materials disseminated.
b) The number of workshops held to educate stakeholders, and
c) A focused effort on preschools and daycare centers.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

This objective will not be selected for inclusion in the 2003 AIP.

6) What objectives will be carried over into the 2003 AIP?

Not 3-2

7) Which new objectives will be introduced in the 2003 AIP? *To be selected.*

2) **2010 Goal 3-7**: All NPL waste sites in the District have been remediated.

Objective 3-7: Eliminate significant health risks from the National Priority List (NPL) of hazardous waste sites, as measured by performing a level of site cleanup sufficient to eliminate the immediate and significant health threats as specified in the site's health assessments.

Baseline 3-7: Nationally, 1,079 sites were on the NPL list in March of 1990; of these, health assessments have been conducted for approximately 1,000.

December 2002 Target: By December 2002, review all planning and analysis documents submitted by the Navy and its contractors.

Status:

1) Will the December 2002 target be attained?

The target will be attained.

2) If the target is attained, by what margin? (100%, 75%??)

In 2002, the DOH continued to participate in Navy Yard remediation meetings and has had the opportunity to review planning and analysis documents submitted by the Navy and its contractors. To date, the DOH has received Remedial Investigation Work Plans for 13 sites. Of the 13 work plans, 3 of the sites have completed reviews, while the remaining 10 are still in the review process.

3) Which strategies were most successful in target attainment? N/A

4) Which strategies were least successful? N/A

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

This objective will not be selected for inclusion in the 2003 AIP.

6) What objectives from the AIP 2002 will be carried over into the 2003 AIP?

None from the AIP 2002.

7) Which new objectives will be introduced in the 2003 AIP? *To be selected*

3) **2010 Goal 3-11:** The District has adopted and implemented the 1999 National Food Codes for institutional food operations and the new uniform food protection code for regulation of all District food operations.

Objective 3-11: Adopt and implement the 1999 National Food Code for institutional food operations and the new uniform food protection code that sets recommended standards for regulation of all District food operations.

Baseline 3-11: Two percent of states and territories, excluding the District of Columbia, implemented a Food Code for institutional food operations in 1994.

December 2002 Target: By December 2002, the Food Protection Division will have distributed over 4,000 to 7,000 pieces of literature informing the regulated community of changes in the law and will additionally conduct over 10,000 inspections of food establishments to enforce these changes.

Status:

1) Will the December 2002 target be attained?

The target has been met.

2) If the target is attained, by what margin? (100%, 75%??)

In 2002, the Food Protection Division distributed approximately 4,500 pieces of literature and conducted 17,091 inspections of food establishments. The program surpassed its goal of conducting 10,000 inspections.

3) Which strategies were most successful in target attainment?

The program conducted a food safety conference for the regulated community and held a training session focusing on the National Food Code. This objective will not be selected as an objective in the 2003 AIP.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

This objective will not be selected for inclusion in the 2003 AIP.

6) What objectives will be carried over into the 2003 AIP?

None

7) Which new objectives will be introduced in the 2003 AIP?

To be determined.

8) If there is any more information on the 2003 AIP, please add it here *N/A*

Focus Area: Injury and Violence

Injury and violence are linked as a leading health indicator.

1) **2010 Goal: 4-6.1:** An Injury Registry has been established at the Department of Health (DOH) to which data on injury cases from hospital emergency rooms, trauma centers, and ambulatory clinics are reported on a regular basis.

Objective 4-6.1: Establish an Injury Registry at the Department of Health (DOH) to which data on injury cases seen at hospital emergency rooms, trauma centers and ambulatory clinics are reported on a regular basis.

Baseline 4-6.1: As of July, 2001, there is no Injury Registry at DOH to which data are reported on a regular basis. Baseline data regarding the steps leading to the establishment of the Registry are to be added.

December 2002 Target: As of December 2002, the process of establishing an Injury Registry at the DOH will be 85 percent complete. This percentage takes into consideration the time required for the legislative processing by the DOH Office of the Legal Counsel and the City Council.

Status:

1) Will the December 2002 target be attained?

- *To date, November 12, 2002, the Department of Health Injury Registry has not been established. The targeted 85% attainment of this goal will not be met.*

- *Discussions have been initiated with the various trauma center heads, hospital emergency administrators, subordinate agencies i.e.,*

- *Metropolitan Police Department, Fire and Emergency Medical Services Department and the Office of the Chief Medical Examiner seeking their assistance in establishing the Injury Registry. Most have agreed to serve on the Advisory Task Force and provide guidance in the development of the Registry.*

2) If it will be attained, by what margin? (100%, 75%, 50% 25%)

- *Progress in attaining this goal has only been by a 5% margin. Agencies have agreed to participate, but are still reluctant to share data. Individual agencies, trauma centers, (or) hospital emergency*

rooms have very different information systems by which their data are being collected and stored.

- *Our preliminary review of these systems indicates that their compatibility with one another is a major issue.*

- *The Division of Injury Surveillance and Prevention is collaborating with the Office of Emergency Health and Medical Services to develop a comprehensive system that will store trauma data, intentional and unintentional injury data, and an integrated system with all injuries regardless of severity.*

3) Which strategies were the most successful in target attainment?

- *Legislation entitled "Injury Reporting Bill of 2002" was finalized along with its fiscal Impact Statement and submitted by the Office of the Legal Counsel for review and submission to the District's Chief Financial Officer for approval.*

- *This Division has engaged in collaborative activities with the Office of Emergency Health and Medical Services Administration in the development of a Trauma Registry for the District of Columbia. This registry can be viewed as a strategic approach for the development of a more comprehensive surveillance system for injury.*

- *The Division will be conducting a pilot study with Howard University on the development of a proposed Washington, DC – Baltimore Maryland Center to Improve Child Health Disparities to effectively address the disproportionate burden of morbidity and mortality among minority children. This study will address intentional injuries for adolescents.*

4) Which strategies were the least successful?

- *Development of the proposed legislation. The Chief Financial Officer's response to the proposed legislation indicated that there were not enough Department of Health funds in the FY 2002 through FY 2005 budget and financial plan to support its implementation.*

- *Development of Memoranda of Agreements with (all District-based) injury treatment sites to voluntarily submit injury information to the Department of Health Injury Registry. Agencies (i.e., trauma centers, hospital emergency room departments are busy with applying for Certification of Level One Trauma Centers with the Office of*

Emergency Health and Medical Services Administration. Administrators want to be assured that Certifications of their facilities (i.e., Howard University Hospital, Washington Hospital Center, George Washington University Hospital and Children's National Medical Center) are in place.

- *Hiring and training of additional staff (i.e., data manager and data entry clerks). Due to the lack of funding for sustainability of the Injury Registry, staff was not hired.*

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies?

- *The Division of Injury Surveillance and Prevention is working diligently to identify alternative routes for obtaining passage of the Proposed Injury Reporting Act of 2002. These efforts will be continued through 2003.*

- *The Division will begin the drafting of Memoranda of Agreements (MOAs) with agencies, specifically following their Re-Certification as Level I Trauma Centers. Certifications need to be completed, prior to MOAs with the different centers and hospitals. The development of MOAs and/or the passage of the Bill is vital to establishing and maintaining an Injury Registry on the incidence and prevalence of injuries in the District of Columbia.*

- *This information is vital to the sustainability of the Registry. The report developed from this data could be instrumental in getting City Council to understand the importance of an Injury Registry for the District.*

- *The information provided allows the District to become more competitive in this area of research. It will assist in taking the District out of a negative light, because the true statistics surrounding injury will become available.*

- *Injury initiatives can be developed that reflect the specialized needs of citizens in various geographical quadrants of the District. Focus will not always be on the negative behaviors being reported in the various quadrants, but also on the basic needs of the communities.*

6) What objectives will be carried over into the AIP 2003?

The following objectives will be carried into the AIP 2003:

4-6.1: Establish an Injury Registry at the Department of Health (DOH) to which data on injury cases seen at hospital emergency rooms, trauma centers and ambulatory clinics are reported on a regular basis.

4-6.2: Increase to ninety percent (90%) the proportion of emergency rooms, trauma centers and ambulatory clinics reporting data on intentional and unintentional injuries to residents to the DOH Injury Registry in compliance with HIPPA Regulations. (The target for this objective, the second in the 2002 AIP, could not be met, because the Injury Registry could not be established.)

7) Which new objectives will be introduced in the AIP 2003?

- *The Division will continue to address the previous objectives for AIP 2003.*

- *The Division is working diligently to identify funding to support the implementation of an Injury Registry for the District. The Division completed an application in March 2002 to the State and Territorial Injury Prevention Directors Association (STIPDA) requesting an assessment of the DOH Injury Surveillance System. The application has been approved and the assessment site-visit has been scheduled for March 2003.*

- *The recommendations provided by the assessment will be utilized in providing justification to City Council on the importance of an Injury Registry in the District of Columbia.*

2) **2010 Goal 4-6.2**: Ninety percent of hospital emergency rooms, trauma centers, and ambulatory clinics in the District of Columbia report data on injury cases seen on-site to the DOH Injury Registry in compliance with the regulations.

Objective 4-6.2: Increase to 90 percent the proportion of emergency rooms, trauma centers, and ambulatory clinics reporting data on intentional and unintentional injuries to residents seen to the DOH Injury Registry in compliance with the regulations.

Baseline: 4-6.2: Baseline data to be determined. All level one trauma centers (of which there are three) have registries that collect data on the external causes of injury, but are not mandated to report this information to the DOH. The number of treatment sites voluntarily reporting data to the DOH on intentional and unintentional injuries seen on-site can be considered as a baseline to which more sites can be added after reporting becomes mandatory.

December 2002 Target: By December 2002, 85 percent of the injury treatment sites report data to the DOH Injury Registry by one of the following mechanisms: 1) as mandated by the enactment of the "Injury Reporting Bill" or 2) voluntarily through Memoranda of Agreements stating their commitment to participate in the reporting.

Status:

1) Will the December 2002 target be attained?

- *The target for this objective (4-6.2) has not been attained for 2002.*
- *The Division is currently collaborating with the Office of Emergency Health and Medical Services Administration in establishing a Trauma EMS System for the District of Columbia.*
- *This collaboration is vital to the collection of data on injuries, both intentional and unintentional.*
- *A major activity of this collaboration is the completion of a Survey of State/Local Efforts to Coordinate Trauma Care Delivery. The analysis will provide information on the data currently being collected by the District's trauma centers and hospital emergency rooms.*
- *The project will establish the necessary infrastructure to improve access to quality services for those who are severely injured in the District of Columbia.*

2) If the target is attained, by what margin? (100%, 75%??)

- *The target was not attained.*
- *See the above responses for the below-listed questions 3-8.*

3) Which strategies were most successful in target attainment?
4)Which strategies were least successful?
5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?
6) What objectives will be carried over into the 2003 AIP?
7) Which new objectives will be introduced in the 2003 AIP?
8) If there is any more information on the 2003 AIP, please add it here

IMPROVE ACCESS TO QUALITY HEALTH CARE SERVICES

6. PRIMARY CARE
7. EMERGENCY MEDICAL SERVICES
8. HEALTH CARE FINANCE
9. MATERNAL, INFANT AND CHILD HEALTH AND FAMILY PLANNING
10. PUBLIC HEALTH INFRASTRUCTURE

Focus Area: Primary Care

Access to health care is a leading health indicator.

1) **2010 Goal 6- 1 (6-3 in DC Plan)**: Access to care has been increased by increasing the number of designated Health Professional Shortage Areas in the District of Columbia from 9 to 20.

Objective 6-1: Increase access to care by increasing the number of Health Professional Shortage Areas (HPSA) in the area of primary, dental and mental health care in the District of Columbia from 9 to 20.

Baseline 6-1: In 2001 in the District of Columbia, there are 4 service areas, 2 population groups and 1 facility designed for primary medical care. There is 1 population group for dental health care and 1 service area for mental health care.

December 2002 Target: As of December 2002, 2 primary care service areas, 1 dental care services area and 2 mental health services areas will be assessed and recommended for Health Professional Shortage Area (HPSA) designation.

Status:

1) Will the December 2002 target be attained?

Yes, the target will be attained.

2) If the target is attained, by what margin? (100%, 75%??)

It will be 100% attained.

3) Which strategies were most successful in target attainment?

- *Determine the population residing in census tracts by number of residents.*
- *Determine the population to provider ratio.*
- *Recommend designation status accordingly.*

4) Which strategies were least successful?

- *Determine the number of primary care, mental health and oral health providers available to serve the populations residing in each census tract*

- *Develop a study of the area which encompasses findings.*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The attainment of the December 2002 target will assist in determining future strategies and attainable objectives.

6) What objectives will be carried over into the 2003 AIP?

None

7) Which new objectives will be introduced in the 2003 AIP?

By December 2003, 2 (additional) primary care service areas, 1 (additional) dental care service area and 2 (additional) mental health service areas. Yearly targets represent cumulative counts.

2) **2010 Goal 6.2:** Access to comprehensive, high-quality primary health care services has been improved by developing and implementing standards of care in certified primary health care facilities in the District of Columbia from 0 to 30.

Objective 6-2: Improve access to care by developing and implementing standards of care in certified primary health care facilities in the District of Columbia from 0 to 30.

Baseline 6-2: (Developmental) As of 2001, there are no monitored standards of care at the primary care level.

December 2002 Target: By December 2002, there will be a developed set of standards of care for primary health care services delivered in the District of Columbia.

Status:

1) Will the December 2002 target be attained?

Due to lack of funding, the target was not attained

2) If the target is attained, by what margin? (100%, 75%??)

Target was not attained.

3) Which strategies were most successful in target attainment? *N/A*

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies? *N/A*

6) Which objectives will be carried over into the 2003 AIP?

Objective 6-1 will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the 2003 AIP?

No new objectives will be added. Objective 6-1 from the DC Healthy People Plan (Increase access to care by increasing the number of National Health Service Corps Loan Replacement providers in the District of Columbia from 26 to 36. (number to be corrected)

Objective 6-2: Increase access to care and improve quality of care for the uninsured and underserved population of the District of Columbia by increasing the number of National Health Service Corps (NHSC) sites from 14 to 25 and healthcare provider placements from 15 to 55.

Baseline 6-2: As of 2002, there are 14 designated NHSC sites and 15 NHSC healthcare provider placements in the District of Columbia.

8) If there is any more information on the 2003 AIP, please add it here.

The above-formulated Objective 6-2 is to replace Objective 6-2 in the 2002 AIP.

Focus Area: Emergency Medical Services

1) **2010 Goal 7-7:** The Emergency Operations Plan for the District of Columbia has been developed and implemented.

Objective 7-7: Continue participation in the development and update of the District's Emergency Operations Plan for response to current and new threats to the District of Columbia and surrounding jurisdictions.

Baseline 7-7: Emergency Health and Medical Services (OEHMS) participation in the development of the Emergency Operations Plan for the District of Columbia began in 1999.

December 2002 Target: As of December, 2002, 100 percent of OEHMS tasks as participant in the District's Emergency Operations Plan will be accomplished.

Status:

1) Will the December 2002 target be attained?

Yes. The Emergency Operations Plan for the District of Columbia has been developed and implemented.

2) If the target is attained, by what margin? (100%, 75%??)

The margin of attainment is 100%.

3) Which strategies were most successful in target attainment?

Key to the attainment was the meeting of deadlines by interagency and external collaborators.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The Emergency Operations Plan provides the blueprint for responding to any emergency, including Bioterrorist attacks.

6) What objectives will be carried over into the 2003 AIP?

The DOH Bioterrorism Response Plan is an Annex to the Emergency Operations Plan. It details procedures for responding to a Bioterrorism Emergency.

7) Which new objectives will be introduced in the 2003 AIP?

The 2003 AIP will include objectives from the 2010 Plan for EMS that address establishment of a Trauma Registry (7-2.3) and possibly others as specified by the Mayor's Emergency Medical Services Advisory Committee.

8) If there is any more information on the 2003 AIP, please add it here.

- *The year 2002 has brought several changes to the EMS. They are:*
  - *In the spring of 2002, the EMS was awarded a substantial grant from CDC for **Public Health Preparedness in Response to Bioterrorism.***
  - *In June of 2002, EMS was expanded from an office to an administration, the Emergency Health and Medical Administration (EHMSA) by action of the Acting Director of the DOH.*
  - *The CDC grant has enabled the new EHMSA to develop four administrative components" EMS Program, Emergency Operations, Epidemiology and Surveillance, and Public Health Laboratory.*
  - *The new has a new mission statement. "The mission of the Emergency Health and Medical Services Administration is to assure the delivery of the highest quality emergency medical and trauma care services and to plan, implement and direct the emergency responses for the DOH."*
  - *Consequently, the EHMSA is responsible for the health component of the DC Emergency Support Function #8" Health and Medical. In addition, EHMSA has become the lead agency in the District of Columbia for Public Health Bioterrorism Preparedness and Planning.*
- The Healthy People 2010 objective 7-2.3 - **establish a District of Columbia Trauma Registry that captures all relevant data**

on utilization, levels of uncompensated trauma care, and indicators of the quality of trauma care - is to be included in the 2003 AIP. The new EHMS is collaborating with the Injury Program to establish an Injury/Trauma Registry.

- The Health Resources and Services Administration (HRSA) is providing funding to EHMSA to assist in the development of a Trauma Registry.

- The Center for Prehospital Pediatrics, part of Children's National Medical Center, is the contractor for this project.

- EMSHA has an Advisory Trauma Subcommittee for the establishment of the Trauma Registry which has been reactivated as the first step in the achievement of this goal.

- The second step is the conducting of an assessment of current trauma systems by DOH with assistance from the Trauma Subcommittee.

- Work is in progress on the 2010 objective 7-6, **establish in the DOH EHMS Administration an Enforcement Division legislatively to ensure compliance with the DOH-specified EHMS rules and regulations.**

  - An Enforcement Division of EHMSA is "up and running," but awaiting permanent staffing.

  - By December 2003, the Enforcement Division of EHMSA will be in fully staffed and in place.

Focus Area: Health Care Finance

1) **2010 Goal 8-3:** Comprehensive Data Reporting System will be established (that will yield accurate, timely data for Health Care Financing decision-making).

Objective 8-3: Establish a comprehensive data reporting system to monitor the utilization of services and quality outcomes by contracted health plan, enrolled populations and provider types.

Baseline 8-3: (Developmental) A twenty-plus year old Medicaid Management Information System (MMIS) is currently the primary production system for the Medicaid program. A contract to procure a new system was signed in 2002 and a transfer of a new MMIS is currently underway. There is also no current, separate analytical system for analyzing the data from the current MMIS,

December 2002 Target: As of December 2002, there will be established a fully-functioning, transferred and updated MMIS with a separate Data Warehouse for analyses.

Status:

1) Will the December 2002 target be attained?

The target was substantially attained with the cutover to the new Medicaid Management Information Systems (MMIS) accomplished in July 2002.

2) If the target is attained, by what margin? (100%, 75%??)

The target was 75% (substantially) attained with the cutover to the new MMIS. What remains to be accomplished is the establishment of the data warehouse component to do separate analyses above the table reports that the MMIS produces.

3) Which strategies were most successful in target attainment?

Reviewing and updating system requirements, and monitoring the implementation plan were the successful strategies that enabled the cutover of a very complex system in about 18 months.

4) Which strategies were least successful?

In hindsight, more attention should have been given to the reporting-related strategies, to obtain more usable and accurate reports earlier in

the cutover. Also, in hindsight, it appears it would have been better to wait and establish the data warehouse function after the successful implementation and certification of the MMIS, so that the data going into the data warehouse from the MMIS are as accurate as possible.

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The substantial attainment of the comprehensive data reporting system means that we can now focus more on refining the system outputs and the use of the data produced by this system in our future objective and strategies (e.g., a focus on data driven policy formulation and decision-making). This will also allow us to be more focused in our future efforts in obtaining the data warehouse function that was also a part of this overall objective.

2) **2010 goal 8-4:** Temporary Assistance to Needy Families (TANF)-related enrollees have a specified source for ongoing primary care.

Objective 8-4: Increase to 95% the proportion of all TANF-related enrollees who have a specified source on ongoing primary care (i.e., a medical/health home).

Baseline 8-4: In 1998 there were approximately 87% of all TANF enrollees with a specified source of on-going primary care (e.g., being enrolled in one of the MAA-contracted managed care organizations (MCOs).

December 2002 Target: As of December 2002, there will be reports of 95% or better in the proportion of TANF enrollees in an identified MCO.

Status:

1) Will the December 2002 target be attained?

The target was completely attained. Monthly Managed Care reports from 2002 have consistently indicated greater than 95% of identified TANF enrollees are enrolled in the Managed Care Organizations (MCOs) and either select a Primary Care Provider (PCP) within 5 days of enrollment in a managed care plan, or are automatically assigned to a PCP after the 5 day period.

2) If the target is attained, by what margin? (100%, 75%??)

The target was 100% attained. The PCP for the enrollee is the identified source of ongoing primary health care for that enrollee. The PCP has the responsibility for providing care needs of his or her assigned members within the managed care plan.

3) Which strategies were most successful in target attainment?

All three of the indicated strategies (i.e., working with the outreach initiative, use of the enrollment broker, and change measurement through reporting) were important to the successful target attainment.

4) Which strategies were least successful?

Although all three strategies were viewed as successful in the target attainment, we will explore how to increase the effectiveness of outreach initiatives in the identification of eligible TANF enrollees.

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The attainment of this 2002 objective means that future objectives and strategies can focus more on the specifics of what primary care and other services the MCOs should be providing according to the new managed care contracts and according to emerging "best practices" in primary care that will have the greatest effect on health outcomes for the enrolled population.

3) **2010 Goal 8-7**: Medicaid-eligible persons will have access to comprehensive behavioral health services (i.e., mental health and substance abuse services).

Objective 8-7: Collaborate in the creation of an integrated services delivery system which assures that Medicaid eligible persons have access to comprehensive behavioral health services.

Baseline 8-7: (Developmental) Currently, mental health services are provided by several different institutional provider types and individual licensed practitioners or the healing arts. But there is not an integrated system of care for both mental health and substance abuse services.

December 2002 Target: As of December 2002, at least 65 percent of persons accessing behavioral health services will be in an integrated health delivery system.

Status:

1) Will the December 2002 target be attained?

The target was partially attained with CMS approval of the State Plan Amendment (SPA) 00-05, which provides for reimbursement of nine Medicaid Rehabilitation Option (MRO) services to Core Service Agency providers in the new Department of Mental Health. Also a restricted amount of mental health services are provided through the new managed contracts that were effective August 2002.

2) If the target is attained, by what margin? (100%, 75%??)

Since behavioral health services, by definition, include mental health and substance abuse services, the target was 50% attained, partially attained with only the mental health component having approved MRO services and limited mental health coverage under managed care. The planning for coverage of substance abuse services was not fully addressed until later in FY 2002 and early FY 2003.

3) Which strategies were most successful in target attainment?

Obtaining technical assistance from outside experts for the identification of specialized services, development of utilization and cost estimates, and drafting service standards and criteria were critical in the approval of the mental health services MRO SPA, and for the identification of those mental health services that are covered under the August 2002 managed care contracts. In the case of the mental health MRO, the former DC state agency for mental health services, CMHS, was able to obtain expert technical assistance while under receivership, to help in the development of the necessary information for the SPA by MAA.

4) Which strategies were least successful?

The strategies of SPA development, service rate development and services standards review criteria were not less successful for the substance abuse component. Rather, the failure to obtain CMS approval for the substance abuse MRO services component, in the same timeframe as the mental health component was in large part due to not having the additional program resources to secure the same type of technical assistance that was available on the mental health side.

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The partial attainment of the behavioral health objective means that we will be focusing on getting the remaining substance abuse MRO component in place in our 2003 objective and strategies.

6) What objectives will be carried over into the 2003 AIP?

Unattained components of the AIP 2002 objectives will be a priority: the data warehouse component of the comprehensive data reporting system, and; the substance abuse MRO services component of the comprehensive behavioral health services objective.

7) Which new objectives will be introduced in the 2003 AIP?

There are no new objectives for 2003 identified with this submission.

Focus Area: Maternal, Infant and Child Health and Family Planning

Responsible sexual behavior is a leading health indicator.

1) **2010 Goal 9-1:** The infant mortality rate has been reduced to no more than 8 per 1,000 live births.

Objective 9-1: Reduce the infant mortality rate to no more than 8 deaths per 1,000 live births.

Baseline 9-1: The infant mortality rate was 15.0 per 1,000 in 1999.

December 2002 Target: As of December 2002, the infant mortality rate will have been decreased from 15.0 in 1999 to 13.0 per 1,000 births in 2001. (Available data on infant mortality are always a year behind the calendar year.)

Status:

1) Will the December 2002 target be attained?

   Yes, the target has been attained.

2) If the target is attained, by what margin? (100%, 75%??)

   The infant mortality rate was decreased from 15.0 in 1999 to 10.6 per 1,000 births in 2001.

3) Which strategies were most successful in target attainment?

   Several strategies were instrumental in helping the District achieve the target:

   - *Institutionalized a referral network between the Maternal and Family Health Administration HEALTHLINE and all existing DC home visiting projects, including those not under the umbrella of DOH in order to strengthen the Newborn Home Visiting Initiative's network;*

   - *Expanded the Home Visiting Initiative by forming strategic alliances with all birthing hospitals and maternity centers to place public health staff on site in each institution to work closely with the Discharge Planning nurse to ensure appropriate follow-up care which includes scheduling a nurse home visit within 48 hours of discharge, scheduling of well-child and postpartum visit prior to*

- *discharge, health education and coordination of referrals as needed;*

- *Expanded the Maternal and Child Health HEALTHLINE (1-800-MOM-BABY) operations hours from 8:00am – 5:00pm to 8:00am – 9:00pm and its language capacity, in order to make the service more accessible for residents that work non-traditional hours and to reach a more diverse population;*

- *Implemented recommendations from the Child Fatality/Infant Mortality Review.*

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

None, the Maternal and Family Health Administration will continue to monitor the 2010 Objective 9-1 until it is attained.

6) What objectives will be carried over into the 2003 AIP?

Same as above.

7) Which new objectives will be introduced in the 2003 AIP?

None, the Maternal and Family Health Administration will continue to monitor Objective 9-1 from 2002.

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

2) **2010 Goal 9-6**: The proportion of all pregnant women who begin prenatal care in the first trimester is increased to 80 percent.

Objective 9-6: Increase to at least 80 percent the proportion of all pregnant women who began prenatal care in the first trimester of pregnancy.

Baseline 9-6: In 1999, 68.8 percent of all District resident births were to women who began prenatal care in the first trimester.

December 2002 Target: As of December 2002, 71 percent of all District of Columbia resident births are to women who began prenatal care in the first trimester.

Status:

1) Will the December 2002 target be attained?

Yes, the target of 71 percent has been attained.

2) If the target is attained, by what margin? (100%, 75%??)

The proportion of all pregnant women beginning prenatal care in the first trimester has been increased from 68.8 percent in 1999 to 74.4 in 2001.

3) Which strategies were most successful in target attainment?

Several strategies were instrumental in helping the District achieve the target:

- *Expanded Healthy Start Outreach, Case Management and home visiting services citywide.*

- *Expanded the Maternal and Child Health HEALTHLINE (1- 800-MOM-BABY) operation hours from 8:00 am – 5:00pm to 8:00 am – 9:00 pm and its language capacity, in order to make the service more accessible for residents that work non-traditional hours and to reach a more diverse population;*

- *Implemented recommendations from the Child Fatality/Infant Mortality Review.*

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

None, the Maternal and Family Health Administration will continue to monitor the 2010 Objective 9-6 until it is attained.

6) What objectives will be carried over into the 2003 AIP?

Same as above.

7) Which new objectives will be introduced in the 2003 AIP?

None, the Maternal and Family Health Administration will continue to monitor Objective 9-6 from 2002.

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

3) **2010 Goal 9-19:** All newborns are screened for hearing loss prior to hospital discharge.

Objective 9-19: Increase to 100 percent the proportion of newborns that are screened for hearing loss by one month of age, have diagnostic follow-up by three months and are enrolled in appropriate intervention services by six months.

Baseline 9-19: In 1999, 70 percent of all newborns born in the District of Columbia were screened for hearing impairments before hospital discharge.

December 2002 Target: As of December 2002, all infants born in the District of Columbia will have been screened for hearing impairments and the appropriate follow-up steps have been taken for those needing additional services.

Status:

1)Will the December 2002 target be attained?

Yes, the target of 100 percent has been attained.

2)If the target is attained, by what margin? (100%, 75%??)

The proportion of all newborns being screened prior to hospital discharge for hearing loss increased from 70% in 1999 to 100% in 2002.

3)Which strategies were most successful in target attainment?

The passage of DC Law 13-276, also know as the Newborn Hearing Screening Act of 2000 required all infants born in the District of Columbia to be screened for hearing impairment before hospital discharge with appropriate follow-up for those newborns who were identified with hearing loss. Since the passage of that law, the Maternal and Family Health Administration has worked with District birthing hospitals to ensure compliance. In addition, the District received a federal grant to help with implementation of the program.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

Attainment of this objective has allowed the Administration to consider

introducing a new objective for the 2003 AIP.

6) What objectives will be carried over into the 2003 AIP?

Although it will not be carried over into the 2003 AIP, the Maternal and Family Health Administration will continue to monitor Objective 9-19.

7) Which new objectives will be introduced in the 2003 AIP?

This will need to be determined. However, the new objective will mostly likely focus on adolescents or children with special health care needs.

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

Focus Area: Public Health Infrastructure

1) **2010 Goal 10-3:** Data are accessible at the SCHSA on all of the population groups residing in the District of Columbia.

Objective 10-3: Develop data on all (100 percent) racial/ethnic population groups residing in the District (Black, white, Hispanic/Latino, Asian American/Pacific Islander, American Indian/Alaska Native).

Baseline 10-3: As of April 2001, data on three broad racial population groups (black, white, other) residing in the District of Columbia are available in reports routinely produced by the SCHSA.

December 2002 Target: As of December 2002, 25 percent of descriptive data (i.e. demographics, socioeconomic status, education levels, employment status, insurance coverage, mortality and morbidity) on at least three of the five resident population groups in the District of Columbia should be available for researchers into health disparities among residents.

Status:

1) Will the December 2002 target be attained?

Yes.

2) If the target is attained, by what margin? (100%, 75%??)

- *For Vital Records data, about 90%. Natality and mortality data are about 90 percent complete for Year 2002 by the five racial and ethnic population groups.*
- *Mortality data include education levels and employment status.*
- *Natality data include education levels of parent, but not employment. Information on insurance status is not included in Vital Records data.*

3) Which strategies were most successful in target attainment?

- *The most successful strategy is the electronic submission of natality data by hospitals to the SCHSA Vital Records Division, a process that ensures the completeness of data submissions for births. In Vital Records, birth data are coded and sent to the*

- *Research and Analysis Division for key entering or data reduction and electronic submission to OIS.*

- *Death certificates are physically submitted by funeral directors to the Vital Records Division where the mortality data are coded and sent to the Research and Analysis Division for key entering and electronic submission to OIS.*

- *Both birth and death data are electronically transmitted by OIS to the appropriate federal agencies (such as National Center for Health Statistics and the Centers for Disease Prevention and Control).*

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The routine inclusion of birth and death data from all of the resident population groups is the first step in building a minority health database for the District. To monitor health disparities, all resident population groups and selected population subgroups will be included for tracking purposes.

6) What objectives will be carried over into the 2003 AIP?

10-3 will be carried over into the 2003 AIP, but expanded to include definitive health status data on all resident populations and select population subgroups that reflect minority health disparities.

7) Which new objectives will be introduced in the 2003 AIP?

- *Objective 10-5: Geographic Information Systems of Select Population Subgroups Residing in the District of Columbia based on Geocoded Data Sets.*

- *Any others are to be determined.*

8) If there is any more information on the 2003 AIP, please add it here. N/A

2) **2010 Goal 10-1.1**: 90 percent of DOH agencies provide onsite access to data via electronic systems and online information systems.

Objective 10-1.1: Increase to 90 percent the proportion of DOH agencies that provide onsite access to data via electronic systems and online information systems such as the internet.

Baseline 10-1.1: Zero in 1997. DOH agencies had no access to the internet at that time. By 2001, this goal had been met. All of the major sites at DOH – around 1200 employees – are connected via electronic systems and online information systems and have internet access.

December 2002 Target: For this objective, the target already has been attained.

Status: As of July 2001, 100 percent of DOH agencies have onsite access to data via electronic systems and online information systems.

3) 2010 Goal 10-1.2: DOH has an integrated information system.

Objective 10-1.2: Develop an integrated information system for the DOH.

Baseline 10-1.2: Components of the integrated information system for DOH were 10% complete in 1997.

December 2002 Target: As of December 2002, 1) standards and policies have been adopted that related to privacy and security of data and information for integration. 2) A SOW (statement of work) has been developed for the implementation of an Enterprise Architecture that will help facilitate data integration.

Status:

1) Will the December 2002 target be attained?

Yes

2) If the target is attained, by what margin? (100%, 75%??)

20%

3) Which strategies were most successful in target attainment?

Obtaining capital funding for datawarehousing and children's (database) integration and re-engineering of the Vital Records system.

4) Which strategies were least successful?

Obtaining funding to re-engineer other DOH legacy databases.

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

It will provide a framework on which to build.

6) What objectives will be carried over into the 2003 AIP?

- *Implement a Departmental Intranet.*
- *Hire technology staff at all levels.*

7) Which new objectives will be introduced in the 2003 AIP?

- *Develop DOH Enterprise Architecture.*
- *Implement DOHO Information Technology (IT) enhancements for Bioterrorism preparedness.*
- *Implement Health Insurance Portability and Accountability Act (HIPAA) privacy and security requirements.*

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

4) **Goal 10-1.3** The efficiency and effectiveness of DOH programs has been increased using modern technology.

Objective 10-1.3: Use electronic technology to increase the efficiency and effectiveness of DOH programs.

Baseline 10-1.3: The process had begun in 1997 and about 10% of the planned components had been installed.

December 2002 Target: As of December 2002, 90% of DOH employees have access to the internet and technology to help increase the efficiency and effectiveness of their programs.

Status:

1) Will the December 2002 target be attained?

Yes

2) If the target is attained, by what margin? (100%, 75%??)

100%

3) Which strategies were most successful in target attainment?

- *Purchasing new equipment*
- *Purchasing site licenses*
- *Implementing standards, policies and procedures*

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

It will provide a baseline to build upon.

6) What objectives will be carried over into the 2003 AIP?

None. New objectives for the 2003 AIP will be established.

7) Which new objectives will be introduced in the 2003 AIP?

- *Implementing technical training program for DOH IT staff.*

- *Implement wireless communication capability for Bioterrorism preparedness and other communications requirements.*

8) If there is any more information on the 2003 AIP, please add it here. N/A

5) **Goal 10-5**: Use of geocoding in all data systems increased to 50%.

Objective 10-5: Increase to 50% the use of geocoding in all DOH data systems to promote the development of Geographic Information Systems (GIS) capabilities.

Baseline 10-5: About 10% of DOH agencies were using GIS in 1997.

This objective did not appear in the 2002 AIP. Consequently, the AIP 2002 information is presented before answers to questions in the Progress Report .

RECOMMENDED ACTION: Assess the GIS needs of DOH by first identifying the existing GIS related conditions and then the GIS needs based on a review of those existing conditions in the context of DOH GIS objectives. Next, define overall system requirements based on consideration of the DOH user needs defined previously and a technical review of current DOH systems infrastructure and technical objectives. This leads to the development of a recommended requirements-based conceptual system design for the DOH GIS in order to provide a foundation for development of the DOH GIS implementation plan.

RATIONALE: Geographic Information Systems (GIS) in Public Health encompasses the design, development and utilization of GIS tools for the description of health situations, epidemiological analysis and public health management. The abilities of GIS to integrate and process data contribute to its potential for application in different areas of public health. Some of the main application areas of GIS in health are: the spatial distribution of a health event; the identification of environmental and occupational risks; health situation analysis in a geographic area; identification of high risk groups and critical areas; public health surveillance and monitoring; the generation of research hypothesis; and the planning, programming and management of health activities. Thus, GIS offers enormous potential for improving health services and assisting in eliminating health disparities. DOH programs are encouraged to employ GIS by organizing, using and distributing spatial information and thereby making the achievement of the Healthy People 2010 goals more realistic.

STRATEGY: The DOH GIS design strategy was initiated in support of the DOH intention to create a Department-wide integrated GIS system.

- **The first step** in the process was to explore and define DOH geographic information support needs in the context of the end user job processes undertaken daily by the Department. Information support needs were expressed in terms of the kinds of data (data sets) and data manipulation functionality (applications software) that are needed by each Division of the Department.

- **The second step** in the process was to undertake a technical review of the current DOH systems infrastructure with the help of DOH technical personnel and to define system use and capability demands that will result from provision of the needed information and functionality at the times and with the frequency required.

- **The third step** was to conceive a basic hardware and software infrastructure design—based on the user needs and technical requirements—that leverages existing DOH systems.

- **The fourth and final step** of this design process was to finalize recommendations concerning the organization and training of DOH staff members and consultants to provide a system management support structure.

It should be noted that though the overall system design process undertaken for the DOH GIS can be described in terms of the four discrete steps identified above, the design work for the DOH GIS—as is true for any major system—has been and will continue to be an evolutionary and iterative process. The system design and the design of system elements will continue to evolve through system implementation work, and can be expected to continue evolving in response to changing needs and technological possibilities throughout its operational life.

RESOURCE REQUIREMENTS: The principal DOH GIS system design and organizational structure resource requirements are as follows:

- Leverage DOH's existing and comprehensive hardware/network infrastructure and extend this where needed based on user requirements. This will be detailed in the Implementation Plan.

- Create distributed GIS databases with centralized processing to create a balance between sharing data that is of general interest and securing access to more sensitive data layers.

- Provide "thin client" architecture to support the majority of end users with easy to use functionality at their desktops, and "thick client" options to support users who require a fuller range of resources on their desktop. The thin client architecture is also recommended for those locations that have a low bandwidth connection to the GIS data servers.

- Employ Commercial Off-The-Shelf (COTS) software for basic GIS functions. The COTS software should be able to support the technical and functional requirements and should be able to fit into the recommended conceptual design.

- Employ Geography Network technology to help users identify and access DOH GIS data, and ultimately to identify and access data available from external sources.

- Create custom software applications for 25 DOH job-specific GIS functions

- For core DOH GIS operations, install two dedicated ArcIMS intranet servers, a dedicated ArcSDE Server, dedicated GIS applications servers as needed, and associated data storage devices

- For optional DOH GIS-related capabilities, install an ArcIMS development server and an intranet Web server

- Establish a DOH GIS Policy Committee to direct GIS coordination and implementation and to manage the relationship between DOH and other district departments at such time as a district-wide GIS may be implemented.

- Establish Technical Coordination Committee and two subcommittees: GIS Data and Applications Subcommittee and System Coordination Subcommittee. The Technical Coordination Committee and its two subcommittees will provide general direction and standards for data and applications development, system integration and expansion, and special projects.

- Establish four advisory DOH User Groups around the following basic DOH service areas: Direct Client Services, Program Analysis and Planning Services, Public Information Services, and Emergency Response Services. These advisory User Groups will provide user objective information essential to the ongoing refinement and enhancement of the system.

- Expand GIS staffing. Specialized GIS staffing will be required at DOH IT and at selected Administration- and Program-level offices. This can be accomplished by hiring new staff or contract personnel, providing specialized training to existing staff members, or a combination of these options.

- Provide comprehensive training through the DOH IT Division for all levels of GIS staff and DOH GIS users according to need.

DECEMBER 2002 TARGET: By December 2002, a comprehensive needs assessment and budgeted implementation plan for DOH GIS system will be completed.

Status:

1) Will the December 2002 target be attained?

The target for the DOH GIS was attained.

2) If the target is attained, by what margin? (100%, 75%??)

100% All three deliverables – the Needs Assessment, the Conceptual System Design, and the Implementation Plan - were approved.

3) Which strategies were most successful in target attainment?

The most successful strategies were the full support of management and the active participation of all programs at DOH.

4) Which strategies were least successful? *N/A*

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

- *The attainment of the 2002 target has laid the groundwork for GIS implementation since the combined documentation from all three deliverables will provide the direction and frame of reference for a successful phase I implementation.*

- *This achievement facilitates an immediate beginning of planned 2003 activities which will inform the AIP 2003 objectives and strategies.*

6) and 7) Which objectives will be carried over into the 2003 AIP and which new will be introduced.

To be determined.

PREVENT AND REDUCE DISEASES AND DISORDERS

11. ASTHMA
12. CANCER
13. DIABETES
14. DISABILITIES
15. CARDIOVASCULAR DISEASE
16. HIV/AIDS
17. IMMUNIZATION
18. MENTAL HEATH AND MENTAL DISORDERS
19. SEXUALLY TRANSMITTED DISEASES
20. SUBSTANCE ABUSE
21. TUBERCULOSIS

Focus Area: Asthma

2010 Goal 11-1: Asthma death rate is reduced to no more than 1.5 per 100,000 residents.

Objective 11-1: Reduce the asthma death rate to no more than 1.5 per 100,000 people.

Baseline 11-1: The asthma death rate was 2.8 per 100,000 residents for all ages in 1997.

December 2002 Target: As of December 2002, the asthma death rate has decreased by 0.1 per 100,000 residents per year for all ages.

Background Information on the DOH Asthma Program

The District of Columbia Control Asthma Now (DC CAN) Program of the Department of Health/ Maternal and Family Health Administration is an educational outreach programs as well as a Public Health planning initiative designed to determine and reduce the impact of asthma on District residents.

Status:

1) Will the December 2002 target be attained?

We expect that it will be attained. However, the Asthma death rate for 2002 will not be released by the SCHSA before the Director's Press Conference around February 15th of this year.

2) If the target is attained, by what margin? (100%, 75%??)

We will have the answer after the Press Conference.

3) Which strategies were most successful in target attainment?

- *Currently the Strategic Plan for Asthma in still under development. All of the three strategies listed in the 2002 AIP – provider seminars, presentations and fact sheets are included in the plan. However, three educational seminars for providers are planned for 2003.*
- *DOH Asthma Collaborative will work on Expanding the "Open Airways" program in partnership with the Lung Association of DC.*
- *School-based asthma programs have been proposed for implementation in partnership with the Medicaid Health Maintenance Organizations (HMOs).*

- *Provider surveys are being conducted by the Health Services and Quality Assurances Committee of the DC Asthma Collaborative to determine the current guidelines used by physicians to identify gaps in services and develop strategies for promoting provider use of the CDC recommended guidelines.*

4) Which strategies were least successful?

The answer cannot as yet be determined.

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

The attainment of the target will serve as a guide in the selection of additional targets and strategies for later AIPs,

6) What objectives will be carried over into the 2003 AIP?

Objective 11-1 will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the 2003 AIP?

- *11-2: Complete the asthma strategic plan in 2003 and*
- *11-3: Increase the number of asthma educational outreach programs designed for senior citizens.*

8) If there is any more information on the 2003 AIP, please add it here. *N/A*

Focus Area 12: Cancer

12-1: Lung Cancer

1) **2010 Goal 12-1**: Mortality from lung cancer mortality in the District of Columbia has been reduced to an age-adjusted rate of 40.2 per 100,000 residents.

Objective 12-1: Reduce lung cancer mortality in the District of Columbia to an age-adjusted rate of no more than 40.2 per 100,000 residents.

Baseline 12-1: The age-adjusted lung cancer death rate in the District I 1997 was 46.7 per 100,000 residents.

December 2002 Target: As of December 2002, at least one smoking cessation class will be available in each ward of the city with a variety of cessation tools provided to those who require them.

Status:

1) Will the December 2002 target be attained?

The target was partially met in a majority of the wards of the city.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

By approximately 80%

3) Which strategies were the most successful in target attainment?

The following strategies were successfully implemented.

- *Increase in the number of smoking cessation programs offered by health care providers in a majority of the wards of the District of Columbia*
- *Expansion of bilingual cessation program information available to Spanish speaking residents*

4) Which strategies were the least successful?

- *Expansion of the availability of smoking cessation tools (e.g., patch, pills, gum) free-of-charge to residents requesting cessation aids.*

- *Provision of improved quit line information on cessation assistance for residents requesting help for smoking cessation.*

- *Increase the number of primary care providers who assist and incorporate smoking cessation messages in routine patient encounters.*

- *Increase availability of smoking cessation and anti-tobacco materials in provider offices.*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

- *Partial attainment of the target reflects a need to continue to pursue implementation of objectives and strategies to achieve 100% of the target.*

- *Funding limitations in 2002 prevented implementation of some strategies.*

- *New approaches to accomplish the objectives and strategies need to be examined.*

6) Which objectives will be carried over into the AIP for Year 2003?

Objective 21.1 will be carried over into the AIP for year 2003.

7) Which new objectives will be introduced in the 2003 AIP?

No new objectives will be introduced in the 2003 AIP.

8) If there is more information on the 2003 AIP, please add it here. *N/A*

12-2.1 Breast Cancer

2) **2010 goal 12-2.1**: Breast cancer mortality in the District has been reduced to an age-adjusted rate of no more than 24.4 per 100,000 residents.

Objective 12-2.1: Reduce lung cancer mortality in the District of Columbia to an age-adjusted rate of no more than 40.2 per 100,000 residents.

Baseline 12-2.1: The age-adjusted mortality rate for breast cancer in the District in 1997 was 29.1 per 100,000 residents.

December 2002 Target: By December 2002, (1) at least 15,000 District women will receive breast cancer education and (2) 1,500 uninsured and underinsured District women will receive free breast cancer detection services.

Status:

1) Will the December 2002 target be attained?

Yes.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

100%.

3) Which strategies were the most successful in target attainment?

- *Collaborating with local media (radio and TV) to raise awareness about breast cancer and free screenings*
- *One-on-one outreach*

4) Which strategies were the least successful?

Mass mailings

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Attainment indicates that realistic targets and effective strategies were chosen for 2002. Project WISH will retain evidence-based targets for 2003.

6) What objectives will be carried over into the AIP for Year 2003?

At least 15,000 District women will receive breast cancer education

7) Which new objectives will be introduced in the 2003 AIP?

No new objectives will be introduced due to cuts in local funding.

8) If there is any addition information that you wish to provide regarding the 2003 AIP, please do so here. *N/A*

12-2.2 Cervical Cancer

2010 Goal 12-2.2: Cervical cancer mortality in the District has been reduced to an age-adjusted rate of no more than 0.88 per 100,000 residents.

Objective 12-2.2: Decrease the age-adjusted mortality rate from cervical cancer to no more than 0.88 per 100,000 residents.

Baseline 12-2.2: The age-adjusted cervical cancer mortality rate in the District in 1997 was 2.2 per 100,000 residents.

December 2002 Target: By December 2002, (1) at least 15,000 District of Columbia women will have received cervical cancer education, and (2) 1,7000 uninsured or underinsured District women will receive free cervical cancer detection services.

Status:

1) Will the December 2002 target be attained?

Yes

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

100%

3) Which strategies were the most successful in target attainment?

- *Collaborating with local media (radio) to raise awareness about cervical cancer*
- *One-on-one outreach*

4) Which strategies were the least successful?

- *Mass mailings*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Attainment indicates that realistic targets and effective strategies were chosen for 2002. Project WISH will retain evidence-based targets for 2003.

6) What objectives will be carried over into the 2003 AIP?

- ***Objective 12-2.1:*** Decrease the age-adjusted mortality rate for breast cancer to no more than 24.4 per 100,000 people. The ***Strategy*** *that will be maintained is: At least 15,000 District women will receive cervical cancer education*

- ***Objective 12-2.2****: Decrease the age-adjusted mortality rate from cervical cancer to no more than 0.88 per 100,000 residents. The* ***Strategy*** *that will be maintained is: 1,700 uninsured and underinsured District women will receive free cervical cancer detection services*

7) Which new objectives will be introduced in the 2003 AIP?

No new objectives will be introduced due to cuts in local funding

8) If there is any more information to add on the 2003 AIP, please do so here. *N/A*

12-4 Prostate Cancer

2010 Goal: 12-4: prostate cancer mortality rate has been reduced to an age-adjusted 24.4 percent per 100,000 residents, including African American men.

Objective 12-4: Reduce the prostate cancer mortality rate for African American men to no more than 24.4 per 100,000 residents.

Baseline 12-4: The overall prostate cancer mortality rate was 27.8 per 100,000 in 1997. In African American men, the rate was 32.9 per 100,000 residents.

December 2002 Target: By December 2002, the prostate cancer mortality for African American residents will have been reduced from 32.9 per 100,000 in 1997 to an age-adjusted 29.0 per 100,000 residents.

Status:

1) Will the December 2002 target be attained?

Yes. The rate for African American men was reduced from 32.9 to 29.0 per 100,000 residents..

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

11.85%

3) Which strategies were the most successful in target attainment?

- *Increased the level of communications to the public throughout the city*
- *Program was able to expand into an additional geographic area of the city (Ward 6).*

4) Which strategies were the least successful?

To be determined.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

We will not change for AIP 2003 until the current ones have been fully evaluated.

6) What objectives will be carried over into the AIP for Year 2003?

All, except the expansion into additional geographical sections of the city.

7) Which new objectives will be introduced in the AIP for Year 2003?

None, and there is nothing to add.

12-5.1: Cancer Registry

1) **2010 Goal 12-5.1:** A statewide population-based cancer registry has been established to capture information on at least 95 percent of the expected number of reportable cases.

Objective 12-5.1: Establish a statewide population-based cancer registry that captures information on at least 95 percent of the expected number of reportable cases.

Baseline 12-5.1: As of January 2001, 101.7 percent of the expected number of reportable cases had been captured.

December 2002 Target: By December 2002, capture information on at least 95

percent of the expected number of reportable cases among District residents occurring during the 1991calendar year.

Status:

1) Will the December 2002 target be attained?

Yes, it will be attained for all cancer sites.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

100%

3) Which strategies were the most successful in target attainment?

- *Electronic submissions by hospital cancer registries ensure completeness of data.*
- *More aggressive follow-up by Registry staff*
- *Use of the Advisory Committee as leverage to ensure hospital compliance with reporting regulations.*

.

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

- *It sets a standard to be maintained in 2003. Since 1998, the DC Cancer Registry has been nationally certified as a Gold Standard Registry*

.

- *The high standard of data enables us to compete internationally for cancer research studies requiring high quality data.*

6) What objectives will be carried over into the AIP for Year 2003?

This objective will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the AIP for Year 2003?

A new objective is planned to amend the current cancer reporting law to meet the federal requirement of indemnifying the reporting hospitals.

2) **Goal 12-5.2:**Trends in the incidence of and death from lung cancer among residents are monitored by the DC Cancer Surveillance System using the District's Cancer Registry.

Objective 12-5: 2 Trends in the incidence of and death from lung cancer among residents are monitored by the DC Cancer Surveillance System using the District's Cancer Registry.

Baseline: 12-5.2a: Incidence and death rates in lung cancer among residents captured by the Cancer Registry in 1997 were 62.4 and 46.7 per 100,000 population, respectively.

12-5.2b: Incidence and death rates in breast cancer cases among residents captured in 1997 were 139.6 and 29.1 per 100,000, respectively.

12-5.2c: Incidence and death rates in cervical cancer cases among residents captured in 1998 were 22.2 and 2.2 per 100,000, respectively.

12-5.2d: Incidence and death rates in colorectal cancer cases among residents captured in 1998 were 57.1 and 17.7 per 100,000, respectively.

12-5.2e: Incidence and death rates in prostate cancer cases among residents captured in 1998 were 202.0 and 27.8 per 100,000, respectively.

December 2002 Target: By December 2002, gather information on a minimum of 95 percent of all cancers occurring among District residents during the 2000 calendar year, in order to produce the age-adjusted cancer incidence rates.

Status:

1) Will the December 2002 target be attained?

- *Yes, it will be attained for all sites.*
- *Site information for breast, lung, colorectal and prostate cancer will be included in the American Cancer Society Mid-Atlantic Division publication Cancer Facts and Figures for the Year 2000.*
- *The upcoming Annual Report of the DC Cancer Registry will present more comprehensive data when it is released in the Spring of 2003.*

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

100%

3) Which strategies were the most successful in target attainment?

- *Electronic submission by hospital cancer registries ensure completeness of data.*
- *Electronic death certificate follow-back was done to identify all non-reported cases.*
- *Our reciprocal exchange of data with the neighboring states was instrumental in ensuring the completeness of data.*

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of this objective sets the standard to be maintained in 2003.

6) What objectives will be carried over into the AIP for Year 2003?

This objective will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the AIP for Year 2003?

One new objective is the establishment of a regional reciprocal agreement for the exchange of cancer death information on DC residents.

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*

Focus Area: Diabetes:

1) **2010 Goal 13-3:** 80 percent of District residents with diabetes report having a yearly hemoglobin A1c measurement.

Objective 13-3: Increase to 80% the proportion of District residents with diabetes who report having a yearly hemoglobin A1c measurement.

Baseline 13-3: 69.8 percent of diabetic residents in the District reported having a yearly hemoglobin A1c in 1997 according to the 1997 Behavioral Risk Factor Surveillance Survey (BRFSS).

December 2002 Target:

- As of December 2002, two focus groups will be conducted with people having diabetes who are enrolled in Medicare.
- As of December 2002, the diabetes tracking pamphlet and Diabetes Education materials will be produced for mass distribution.
- As of December 2002, all campaign materials will be distributed to their corresponding target population.
- As of December 2002, baseline data will be collected from HEDIS, hospital discharge data, and the BRFSS.

Status:

1)Will the December 2002 target be attained?

The 2002 target was partially attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

61% of the goal was attained.

3) Which strategies were the most successful in target attainment?

Strong partnerships with community organizations and health care providers

4) Which strategies were the least successful?

Distribution of health education materials

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The objective will remain the same, however, processes to attain the goal may be revised.

6) What objectives will be carried over into the 2003 AIP?

Current plans are to carry over all three objectives and introduce no new ones.

2) **2010 Goal 13-5**: 85 percent of District residents with diabetes report having had a dilated eye exam in the past year.

Objective 13-5: Increase to 85 percent the proportion of District residents with diabetes who report having a dilated eye exam within the past year.

Baseline 13-5: 78.1 percent of District residents reported having a dilated eye exam in 1997 (BRFSS).

December 2002 Target: As of December 2002, the following will have been accomplished:

- The Diabetes tracking pamphlet and Diabetes Education materials will be produced for mass distribution.
- All campaign materials will be distributed to their corresponding target population.
- Baseline data will be collected from HEDIS, hospital discharge data, and the BRFSS.
- Commercials encouraging people with diabetes to receive various diabetes health exams will be aired to target populations.

Status:

1) Will the December 2002 target be attained?

The target was partially attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

77% of the goal was attained.

3) Which strategies were the most successful in target attainment?

Strong partnerships with community organizations and health care providers

4) Which strategies were the least successful?

Distribution of health education materials

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The objective will remain the same, however, processes to attain the goal may be revised.

3) **2010 Goal 13-6:** 75 percent of District residents report having their feet checked for sores or irritations by a health care professional within the past year.

Objective 13-6: Increase to 85 percent the proportion of District residents with diabetes having their feet checked for sores or irritations by a health care professional in the past year.

Baseline 13-6: In 1997, 57 percent of District residents with diabetes reported having a food exam by a health care professional within the past year.

December 2002 Target: As of December 2002, the following will have been accomplished:

- *The diabetes tracking pamphlet and Diabetes Education materials will be produced for mass distribution.*
- *All campaign materials will be distributed to their corresponding target population.*
- *Baseline data will be collected from HEDIS, hospital discharge data, and the BRFSS.*
- *Commercials encouraging people with diabetes to receive various diabetes health exams will be aired to target populations.*

Status:

1) Will the December 2002 target be attained?

The target was partially attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

68% of the goal was attained.

3) Which strategies were the most successful in target attainment?

Strong partnerships with community organizations and health care providers.

4) Which strategies were the least successful?

Distribution of health education materials

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The objective will remain the same, however, processes to attain the goal may be revised.

Overall:

6) What objectives will be carried over into the AIP for Year 2003?

All objectives will be carried over to 2003, however, most of the processes to achieve these goals will be modified.

7) Which new objectives will be introduced in the AIP for Year 2003?

There will be no new objectives added for 2003.

Focus Area: Disabilities

1) **2010 Goal 14-1:** 100% of the District of Columbia Department of Health data collection instruments include a standardized set of questions that identify people with disabilities.

Objective 14-1: Include in the core of all relevant District of Columbia Department of Health (DOH) Data collection instruments a standardized set of questions that identify people with disabilities.

Baseline 14-1: Currently, 5% of the programs within the Dept. of Health collect information that identifies people with disabilities (as of 8/2001).

DECEMBER 2002 TARGET: As of December, 2002, 20% of DOH data collection instruments will include questions pertaining to persons with disabilities.

Status:

1) Will the December 2002 target be attained?

There are an estimated fifty-seven programs within the Department of Health that collect data on the health status of residents and environmental factors in the District of Columbia. Six of those programs, which are located in the office of Environmental Health Sciences and Regulations, collect data on environmental factors. Over 13% of these programs are known to collect data related to the health status of District residents with disabilities. Therefore the target of 20% has been partially met.

2) If it will be attained, by what margin? (100%, 75%, 50,%, 25%)

The December 2002`target for 20% of DOH data collection instruments to include questions pertaining to person with disabilities has been 65% achieved.

3) Which strategies were the most successful in target attainment?

The following strategies were most successfully implemented:

- Identify all of the programs in the Department of Health that conduct surveillance activities and ask that they or a designee attend a meeting to discuss the inclusion of persons with disabilities in their data collection activities.

The DOH Bureau of Epidemiology and Health Risk Assessment, Office of Policy and Planning and State Center for Health Statistics convened a meeting of DOH Program representatives for the purpose of revising the current list of DOH program databases. The revision will reflect the most recent program additions and deletions; identify the number and type of active DOH databases; provide a comprehensive description of the variable types, data collection methods and storage methods for all databases and serve as a basis for future data integration initiatives. This information was vital in achieving the first part of this strategy in identifying DOH programs that conduct surveillance activities.

- Develop and conduct a current status survey that is designed to examine the extent to which persons with disabilities are included in surveillance activities conducted by the DOH programs.

The staff of the Division of Disability Surveillance and Intervention developed and tested a Disability Data Survey to determine if and how data are collected relative to District residents with disabilities. During 2002, the first phase of the survey was completed among programs in the Office of Primary Care Prevention and Planning (OPCPP). Over 70% of OPCPP programs responded to the survey by December, 2002.

- Collect all of the data collection instruments from DOH programs and identify all of the programs that conduct surveillance activities that do not include information about persons with disabilities in their instruments.

During the administration of the Disability Data Survey to the programs in OPCPP, copies of data collection instruments were received from over 50% of programs.

- Collect and review reports that refer to data obtained from DOH surveys and/or surveillance instruments (i.e., survey reports, annual reports) to determine the extent to which information on people with disabilities is included in data collection instruments.

Publications including brochures, fact sheets, progress reports, annual reports and web sites for OPCPP programs were reviewed to gather information on data elements pertinent to persons with disabilities.

4) Which strategies were the least successful?

The following strategies were least successfully implemented:

- *Convene a meeting with all identifies DOH program representatives to discuss the inclusion of a core set of questions relative to persons with disabilities in relevant surveillance activities*

- *Draft a letter of request that disability related questions be included in relevant and pertinent survey instrumentation, that a person be identified who is responsible for the collection of data to serve as a representative for the program and attend a meeting where the feasibility of including this will be discussed. Include a set of recommended questions with the letter.*

- *Convene a meeting with all program representatives to discuss the questions to be included in the instruments, and gain commitments that the questions will be incorporated in the existing instruments.*

- *Conduct Disability Awareness Training for the DOH community outlining the importance of collecting data identifying persons with disabilities.*

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies?

The achievement of 65% of the 2002 December target is significant, because it represents the willingness of some DOH programs to ensure that persons with disabilities are included in their surveillance activities. Health status information is derived from population-based data. These data inform policy development and budget allocations. Therefore, it is imperative that all relevant DOH programs integrate persons with disabilities into their surveillance activities.

6) What objectives will be carried over into the AIP 2003?

In order to increase the number of DOH programs including questions on data collection instruments related to the health and wellness of persons with disabilities, the Division of Disability Surveillance will continue to focus on the accomplishment of Objective 14-1 with the following target: As of December 2003, 30% of DOH data collection instruments will include questions pertaining to persons with disabilities.

7) Which new objectives will be introduced in the AIP 2003?

None

8) Anything to add? N/A

Focus Area – Cardiovascular Disease

1) **2010 Goal 15-1:** Deaths from heart disease reduced to no more than 210.5 100,000 residents.

Objective 15-1: Reduce deaths from heart disease to no more than 210.5 per 100,000 residents.

Baseline 15-1: In 1997, the age-adjusted mortality rate for heart disease was 263.2 per 100,000 District of Columbia residents.

December 2002 Target:

- As of December 2002, the Department of Health (DOH) will create a cardiovascular health task force that is comprised of not-for-profit, government and for-profit organizations.
- As of December 2002, the DOH will analyze cardiovascular mortality, morbidity and risk factor data that will be published in one data fact sheet.
- As of December 2002, the DOH will complete a survey of government, health system and communities that will describe the policy and environmental factors affecting cardiovascular health in the District of Columbia.

2) **2010 Goal 15-8:** The rate of death from stroke in the District of Columbia has been reduced to no more than 43.2 per 100,000 residents.

Objective 15-8: Reduce the rate of death from stroke in the District of Columbia to no more than 43.2 per 100,000 residents.

Baseline 15-8: The age-adjusted death rate due to stroke was 54.1 per 100,000 District residents in 1997.

December 2002 Target: By December 2002, the Department of Health will have accomplished the following tasks:

- Created a cardiovascular health task force that is comprised of not-for-profit, government and for-profit organizations. (The term cardiovascular disease includes heart disease and stroke.)
- Analyzed data regarding mortality, morbidity and risk factor data associated with stroke that will be published in one data fact sheet.
- Completed a survey of government, health system and communities that describes the policy and environmental factors affecting people who have strokes in the District of Columbia.

Status of first part of December 2002 target: Creation of a cardiovascular health task force

1) Will the December 2002 target be attained?

Yes. The DOH Cardiovascular Health Program attained the December 2002 target to create a Cardiovascular Health Task Force.

2) If it will be attained, by what margin?

The creation of the Task Force was successfully attained with a 100% margin.

3) Which strategies were the most successful in target attainment?

- *The strategy that was most successful in the attainment of the Task Force is the diversity of the Task Force. The Task Force is comprised of not-for-profit government and for-profit organizations.*

- *The attainment of the Task Force is significant in providing assistance to the DOH Cardiovascular Health Program (CHP) in the development of long-term strategies, determining resources, needs and barriers in the District of Columbia to decrease the morbidity and mortality from cardiovascular disease.*

- *The Task Force is also instrumental in the developmental stage of the CHP.*

4) Which strategies were the least successful?

There are no strategies that were least successful.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of this target is significant in completing the government, health systems and community surveys that will assess the risk and perception of cardiovascular diseases among District residents and analyze potential policy and environmental factors affecting cardiovascular disease in the District.

6) What objectives will be carried over into the AIP for 2003? *N/A*

7) Which new objectives will be introduced in the AIP for 2003? *None*

8) If there is any additional information on the 2003 AIP, please add it. *N/A*

Second part of December 2000 Target: Analysis of data regarding mortality, morbidity and risk factor data that is associated with stroke and published in one fact sheet with cardiovascular disease.

Status:

1) Was the target attained?

The Cardiovascular Health Program (CHP) attained the December 2002 targeted goal for the publication of the fact sheet for the cardiovascular mortality, morbidity and risk factor data.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

The goal was attained with a 100% margin.

3) Which strategies were the most successful in target attainment?

- *The strategies that were most successful were the ability to gather the data and analyze the data on the mortality, morbidity and risk factor for the District of Columbia.*

- *Additionally, the Cardiovascular Health Program was successful in obtaining reliable and valid data from the American Heart Association and the North Carolina Cardiovascular Disease Data Summit: Findings and Recommendations for Surveillance an Evaluation.*

4) Which strategies were the least successful?

There are no strategies that were least successful.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of the fact sheet is significant in the 2003 AIP objectives and strategies, because it describes the current population, the national statistics, deaths due to cardiovascular disease, the economic impact, disparities in the health status, and the prevalence of cardiovascular disease in the District of Columbia.

December 2002 Target (continued): By December 2002**,** DOH will complete a survey of government, health system and communities that will describe the policy and environmental factors affecting cardiovascular health in the District of Columbia.

Status:

1) Will the December 2002 target be attained?

- *The Department of Health, Cardiovascular Health Program has created a community survey module. The community survey module was created and will be implemented for the duration of 1 year through the BRFSS from January 2003 through December 2003.*

- *The implementation of the survey module for government and health systems is ongoing. These modules will assess the policy and environmental factors affecting cardiovascular health in government and health systems throughout the District of Columbia.*

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

The goal for survey module for government and health system was attained by a margin of 75%.

3) Which strategies were the most successful in target attainment?

The completion of the community survey was obtained and will be implemented by January 1, 2003 through the BRFSS module for duration 12 months.

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of this target is important in obtaining data and trends on communities, environment and policy for cardiovascular disease in the District of Columbia.

6) What objectives will be carried over into the AIP for Year 2003?

Currently, all objectives will be carried over into the AIP for 2003.

7) Which new objectives will be introduced in the AIP for Year 2003? *None*

Focus Area: HIV/AIDS

Responsible sexual behavior is a leading health indicator.

1) **2010 Goals 16-5:** By 2010, approximately 31,000 residents will have received HIV antibody testing and counseling services (y-t-d-figure)

Objective 16-5: Increase by 48 percent the number of residents receiving HIV antibody testing and counseling, with focus on injection drug users and persons in jails and prisons.

Baseline 16-5: 21,000 residents received HIV antibody testing and counseling services as of July, 2001.

December 2002 Target: As of December 2002, about 25,200 residents would have received HIV antibody testing and counseling services, with a special focus on injection drug users and persons in jails and prisons.

Status:

1) Will the December 2002 target be attained?

Yes

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

75% of the target was attained.

3) Which strategies were the most successful in target attainment?

- *Offer free HIV testing and referral services at community-based events. HAA attended 140 community outreach events where its HIV Counseling and Testing Referral Services were offered free-of-charge to any individual who was seeking HIV testing. The services offered included HIV testing, as well as referrals as needed.*

- *Hire one fulltime professional trainer hired to assess training needs and two fulltime counselors to enhance outreach efforts. The trainer and counselors were hired and proven successful in their efforts.*

- *HAA facilitated HIV/AIDS counseling, testing and referral training for new counselors in the year 2002. Approximately 75 persons, including primary care providers, outreach workers and case managers were certified to provide these services in the Washington Metropolitan area.*

- *Hire a fulltime HIV counselor to be placed at the local jail. The counselor was hired and placed at the local jail, providing comprehensive risk-reduction health education, as well as HIV counseling, testing and referral.*

- *The Rapid Assessment Response and Evaluation (RARE) initiative which was designed to increase the number of HIV tests among people who did not know their HIV status. These outreach activities took place in venues where the target population congregated.*

4) Which strategies were the least successful?

All of the strategies were relatively successful. However, some of the community outreach events were not suitable to capture the intended targets and/or not appropriate to conduct HIV testing.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

- *15% increase in the number of adolescents tested for HIV*
- *Continuously mobilize the RARE initiative targeting populations at risk.*
- *Conduct monthly training (total of 12) to 10 new HIV counselors (total of 120)*
- *However, maximize outreach efforts at community outreach events, conduct ongoing strategic assessments.*

6) Will this objective will be carried over into the AIP for Year 2003? *Yes.*

7) Will any new objective be introduced in the AIP for Year 2003? *None foreseen*

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*

2) **2010 Goal 16-7:** Approximately 500 housing slots are available for residents with HIV/AIDS.

Objective 16-7: By the end of 2002, increase by 31 percent the number of housing slots designated for persons with HIV/AIDS.

Baseline 16-7: 380 housing slots were available to residents with HIV/AIDS in 2000.

December 2002 Target: As of December 2002, 418 housing slots will be available for residents with HIV/AIDS.

Status:

1) Will the December 2002 target be attained?

Yes.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

100% attained By December 2002, the HIV/AIDS Administration (HAA) estimates the targeted goal of 418 housing slots will be available for residents with HIV/AIDS.

3) Which strategies were the most successful in target attainment?

The most successful strategies for attaining the target number of housing slots have been outreach and solicitation efforts which have resulted in an increase of vendors providing housing slots. Additionally, HAA implemented the Gatekeeper Program to integrate, facilitate, and improve the access and delivery of housing to residents with HIV/AIDS.

4) Which strategies were the least successful?

One of the least successful strategies has been AA's inability to inventory non-HAA funded housing slots.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of this target is significant to HAA's 2003 AIP objectives and strategies in that it continues to support the growing population of residents with HIV/AIDS by expanding their housing slots.

6) What objectives will be carried over into the AIP for Year 2003?

In AIP 2003, HAA will continue to expand its outreach efforts to expand the number of housing providers. The Gatekeeper Program will also continue as a centralized housing facilitation entity.

7) Which new objectives will be introduced in the AIP for Year 2003?

In the AIP 2003, HAA will introduce the following new objective:

Housing Quality Inspections will be conducted by a Housing Inspector on all housing units.

HAA will undertake additional outreach to private developers to create an inventory of housing slots available to HIV/AIDS residents.

3) **2010 Goal 16-3.1** The number of adult and adolescent residents who have HIV disease receiving medical intervention and secondary prevention efforts that comply with Public Health Service guidelines will be increased.

Objective 16-3.1: Increase the number of adult and adolescent residents who have HIV disease receiving early medical intervention and secondary prevention efforts that comply with Public Health Service guidelines.

Baseline 16-3.1: In 2001, 850 clients accessed medication through the AIDS Drug Assistance Program (ADAP) and 6,180 clients accessed primary medical-related services.

December 2002 Target: As of December 2002, the number of residents receiving lifesaving medications through ADAP has been increased by 3.5 percent from 850 in 2001 to 880 and the number of those with HIV accessing primary medical care and related services has been increased by 5 percent from 6,180 in 2001 to 6,489.

Status:

1) Will the December 2002 target be attained?

Yes

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%

This target was met by 100% and exceeded.

3) Which strategies were the most successful in target attainment?

The most successful strategies have been our extensive outreach and media campaign. Meeting with case managers on a regular basis, so they are more familiar with ADAP and the eligibility criteria. Spending time with treatment specialists and health care providers and educating them about ADAP, the significance of adherence, and how we could assist them. Finally, increasing eligibility from 300% FPL to 400%FPL.

4) Which strategies were the least successful?

The least successful strategy would have been just relying on health care providers to refer or talk about ADAP.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

We continue to do the work and reach out to people infected and affected by HIV/AIDS. We have begun to develop a breadth of strategies to insure individuals living with HIV/AIDS have access to AIDS drugs.

6) What objectives will be carried over into the AIP for Year 2003?

The same objectives will be carried over into the 2003 AIP.

7) Which new objectives will be introduced in the AIP for Year 2003?

There will be no new objectives in the 2003 AIP.

8) If there is any additional information on the 2003 AIP, please add it here.

HAA will undertake additional outreach to private developers to create an inventory of housing slots available to HIV/AIDS residents.

Focus Area: Immunization

Immunization is a leading health indicator.

1) **2010 Goal 17-3**: Immunization coverage has been maintained at 95 percent for children in licensed child-care facilities and Head Start Centers.

Objective 17-3: Maintain immunization coverage at 95 percent for children in licensed child care facilities and Head Start Centers.

Baseline 17-13: Coverage levels in 1999 were 4 DTaP 93%, 3 + Polio 95%, 1 + MMR 97%, 3 + Hib 91%, and 1 Varicella 81% according to school survey data.

December 2002 Target: As of December 2002, 95 percent of children attending licensed child care facilities and Head Start Centers will have completed specific coverage rates for selected antigens.

Status:

1) Will the December 2002 target be attained?

The December 2002 target should be attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

It will be attained completely (100%) based on goal of 95% children immunized.

3) Which strategies were the most successful in target attainment?

The comprehensive day care record review and assistance to day care center's in identifying non-compliant children were the most successful strategies in attaining this target.

4) Which strategies were the least successful?

Alerting day care centers to the immunization requirements without assessment assistance was the least successful last year when only a partial assessment was done; therefore, assessment assistance was given to all day care centers this year.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

- *Because day care children grow out of day care as they age, a new set of children will be day care age in 2003 and will need to be tracked to ensure that they too are immunized.*

- *The target will remain the same for 2003, only the childhood population captured will change because of aging.*

6) What objectives will be carried over into the AIP for Year 2003?

This day care immunization rate objective will be carried over into Year 2003.

7) Which new objectives will be introduced in the AIP for Year 2003?

None for this section; it will remain the same.

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*

2) **2010 Goal 17-7**: 100 percent of each new birth cohort is enrolled in the Central Immunization Registry.

Objective 17-7: Increase to 100 percent (minus any deaths) of each new birth cohort enrolled in the Central Immunization Registry.

Baseline 17-7: This project began in the year 2001. Baseline data should be available by the end of 2001 concerning the number of cohorts enrolled by that time.

December 2002 Target: As of December 2002, 75 percent of the year 2001 birth cohort will be enrolled in the Central Registry.

Status:

1) Will the December 2002 target be attained?

The target of 75% 2001 births has been met and exceeded; 87.8% of births were entered into the system by December 2002.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

It will be attained completely (100%) based on a goal of 75% of births in system.

3) Which strategies were the most successful in target attainment?

The most successful strategy in target attainment was that the State Center for Health Statistics transmitted a data file including agreed upon fields for all new births to DC residents to the DC Immunization Program's Central Immunization Registry System, and the Immunization Registry added the new births' information from the file.

4) Which strategies were the least successful?

The strategy was completely successful; there is some time delay between the child's birth and the file transfer from State Center which reduces the number of births that are entered within the year.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

There will be a new birth cohort in 2003 (children born in 2002); and therefore the target will remain the same, only the population will change.

6) What objectives will be carried over into the AIP for Year 2003?

This objective will carry over into Year 2003 for children born in 2002.

7) Which new objectives will be introduced in the AIP for Year 2003?

None for this section; it will remain the same only the birth year will change.

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*

3) **2010 Goal 17-9:** Increase the proportion of adults who are vaccinated annually against influenza and have ever been vaccinated against pneumococcal disease.

Objective 17-9: Increase to 90 percent the number of non-institutionalized adults aged 65 years and older immunized against influenza; and increase to 60 percent the number of non-institutionalized adults ages 65 years and older immunized against pneumococcal disease.

Baseline 17-9: BRFSS coverage level data for 1999 indicated that 54 percent of non-institutionalized adults 65 and older were immunized with influenza vaccine and 32 percent of non-institutionalized adults 65 and older were immunized with pneumococcal vaccine.

December 2002 Target: As of December 2002, 59 percent of high-risk adults or those 65 years and older will be vaccinated with influenza vaccine and 34 percent, if needed, with pneumococcal vaccine.

Status:

1) Will the December 2002 target be attained?

Yes, BRFSS data indicated that 61% of senior citizens age 65 years and older have been immunized for influenza, and 48.3% have been immunized with the pneumococcal vaccine.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

103% for Influenza; 142% for pneumococcal

3) Which strategies were the most successful in target attainment?

- *Hosting influenza clinics at events and in communities where seniors live and come together for various activities.*
- *Working with the DC Immunization Coalition and the Delmarva Foundation to spread the word about Adult Immunizations.*

4) Which strategies were the least successful?

We were not able to implement a media campaign due to a lack of funding.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

The attainment of this objective is very important for our 2003 Objectives as we strive to ensure that the number of seniors receiving these vaccines increases each year.

6) What objectives will be carried over into the AIP for Year 2003?

As of December 2003, 62 percent of high-risk adults or those 65 years and older will be vaccinated with influenza vaccine and 49 percent, if needed, with pneumococcal vaccine.

7) Which new objectives will be introduced in the AIP for Year 2003? N/A

8) If there is any additional information on the 2003 AIP, please add it here. N/A

Focus Area: Mental Health

Mental Health is a leading health indicator.

Mental Health Services for District Children, Adolescents and Their Families

1) **2010 Goal 18-1:** A community support system for children or youth with mental health problems and their families is being developed through collaboration in the administration, financing, resource allocation, training and delivery of services across all appropriate public systems.

Objective 18-1.5. Expand by 10 percent annually or the equivalent of one school cluster, the proportion of District of Columbia Public Schools and Charter Schools in which Department of Mental Health (DMH) prevention, early intervention and treatment services are available to children and their families.

Baseline 18-1.5: As of September 2001, a full complement of prevention, early intervention, and treatment services were available in 17 Charter Schools out of a total of 35 Charter Schools (and 147 Public Schools) serving District residents. A variety of other clinical services was offered in 20 additional DC Public Schools in the 2000 – 2001 academic year.

December 2002 Target:

As of December 2002, approximately 8 percent (n=23) of DC Public Schools and Charter Schools will have a full complement of mental health prevention, early intervention, and treatment services available to children and their families.

Status:

1) Will the December 2002 target be attained?

Yes

2)If the target is attained, by what margin? [100%? 75%? 50%?]

100+%, n=27

3) Which strategies were most successful in target attainment?

Having a standardized triage and referral system utilized in the school (called the teacher assistance team (TAT) in some schools and early intervention teams (EIT) in others) was the most successful strategy in

allowing the Department of Mental Health (DMH) to provide a full continuum of services in the schools. The TAT or EIT allowed for a coordinated and integrated approach to providing these services with other student support services already in place in schools.

- *A thorough needs assessment with resource mapping was very important to the success of this target as this assessment allowed for the development of each program that could be tailored to the specific needs and resources of each school.*

- *Having qualified and dedicated mental health staff and taking the time to train them in school mental health was also very important in the implementation of a full continuum of services for students and families.*

4) Which strategies were least successful? N/A

5) What significance does the attainment of the target have for the selection of your AIP 2003 objectives and strategies?

- *Given the success of this program and our ability to meet these goals, we are working within the DMH Child and Youth Services Division to conceptualize how school services can be included and supported to be a significant part of the system of care development for children and youth.*

- *We hope to expand this program but to also look towards designing other technical assistance and training components that might allow the public schools and other providers to build capacity to provide these services themselves*.

6) What objectives will be carried over into the Mental Health Chapter of the AIP for year 2003?

Expand to provide comprehensive school-based mental health services to another set of identified schools (n=14 by 2003, total n=40).

7) Which new objectives will be introduced in the Mental Health Chapter of the AIP for 2003?

- *Design and implement cross-training and other collaborative activities with D.C. Public Schools (DCPS) support services staff to examine how to expand their capacity to provide prevention, early intervention, and treatment services within the school.*

- *Design and implement three Multi-agency Planning Teams that will serve as forums to develop coordinated services and interventions that will divert children from costly hospitalization and out-of-state residential placements.*

- *Design and implement 1 F.T.E. Family/Liaison/Provider position. This position will serve as a prototype for future expansion of this staffing resource. The incumbent will be a family member/consumer who will provide the family perspective in the design, planning, and implementation of services and may also serve as a provider of services on the Multi-agency Planning Team (MAPT)*.

8) If there is any additional information that you wish to add regarding the AIP for 2003, please do so here. *N/A*

Mental Health Services for Adult Residents of the District of Columbia

2) **2010 Goal 18-2:** A system of care is being established for adult residents who are mentally ill in the District of Columbia.

Objective 18-2: Establish a comprehensive system of care for adult residents of the District of Columbia who are mentally ill which is based on an Individual Recovery Plan.

Baseline 18-2: An inventory of available mental health services is underway. Data will be added when available.

December 2002 Target: As of December 2002, access and care coordination processes will be fully operational, in order to ensure service access for 100 percent of those adult consumers entering the mental health system through the access, referral and crisis line.

Status:

1) Will the December 2002 target be attained?

The December 2002 target was obtained in July 2002 for outpatient and effective August 2002 for Saint Elizabeth's Hospital.

2) If it will be attained, by what margin? (100%? 75%? 50%?)

100%

3) Which strategies were the most successful in target attainment?

- *Continued technical assistance and training for DMH and Core Service Agency (CSA) staff to utilize the Access system effectively.*

- *Targeting one trained DMH Delivery Systems Management (DSM) staff person to support specific CSAs has been very effective.*

4) Which strategies were the least successful?

Specialized access for specific groups has been harder to ensure when the person seeking services is not the adult consumer. This has been obtained for crisis services, but due to confidentiality and consent needs is not available for routine needs.

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies?

- *This target is just the front door of the system of care development.*
- *Next targets include measurement of linkage to routine, urgent and emergency services.*
- *Measurement of acute inpatient care at Saint Elizabeth's Hospital and confirmation of linkage to a CSA for all inpatient admissions will also be a next FY target.*

6) What objectives will be carried over into the Mental Health Chapter of the AIP for Year 2003?

An objective will be developed from the previously cited next steps.

7) Which new objectives will be introduced in the Mental Health Chapter of the AIP for Year 2003?

Objectives for consideration include:

- *Increase the number of consumers of mental health services with access to new psychotropic medications to 3,886 in FY 2003,*
- *Increase the number of independent and supported housing units developed with DMH Capital funds to 125 in FY 2003,*

- *Increase the number of seriously mentally ill (SMI) individuals enrolled in the D.C. system of care by 5% over those enrolled in FY 2002,*

- *Decrease the number of acute admissions to Saint Elizabeth's Hospital through the use of less restrictive alternatives, and increased use of community hospitals and community mental health services; acute admissions will be reduced by 10% and occupancy rates of Crisis and Step Down beds will be increased by 20% in FY 2003, and 5) Establish programs to divert adults with SMI from jail to appropriate community-based services.*

8) If there is any additional information that you wish to add regarding the AIP for 2003, please do so here. N/A

Mental Health Services for Homeless People with Serious Mental Illness Who are 18 Years of Age and Older

3) **2010 Goal 18-2.2:** Expanded services to homeless people 18 years and older who have serious mental illness are available through teams of DMH outreach workers.

Objective 18-2.2c: Bring Mental Health (MH) services to homeless persons in the District of Columbia through approximately 200 contacts per month by a team of three homeless outreach workers.

Baseline 18-2.2c: The DMH Homeless Outreach Program currently makes over 100 contacts per month with homeless individuals residing in shelters or on the street. Other services provided by DMH programs (Homeless Support Teams and drop-in center) total approximately 2,800 contacts per month.)

December 2002 Target: By December 2002, the team of outreach workers will make approximately 200 contacts per month with homeless persons in the District and provide a minimum of six (6) trainings to shelter and other homeless services staff.

Status:

1) Will the December 2002 target be attained?

The December 2002 target of 200 face-to-face contacts each month has been met, as has the six trainings.

2) If it will be attained, by what margin? [100%? 75%? 50%?]

The margin is 100% and we will likely exceed our targets.

3) Which strategies were the most successful in target attainment?

We set realistic goals for ourselves.

4) Which strategies were the least successful? N/A

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies?

For next year we can set our target a little higher.

6) What objectives will be carried over into the Mental Health Chapter of the AIP for Year 2003?

This objective will be retained with revised targets.

7) Which new objectives will be introduced in the AIP for Year 2003?

For 2003 we will target 300 face-to-face contacts per month and provide 8 community trainings.

8) If there is any additional information that you wish to add regarding the AIP for 2003, please do so here. *N/A*

Focus Area: Sexually Transmitted Diseases

Responsible sexual behavior is a leading health indicator.

1) **2010 Goal 19-3:** The incidence of primary and secondary syphilis is reduced to no more than 3 cases per 100,000 people in the District of Columbia.

Objective 19-3: Reduce the incidence of primary and secondary syphilis in the District to no more than 3 cases per 100,000 people.

Baseline 19-3: The primary and secondary syphilis rate in the general population in the District of Columbia was 7.1 per 100,000 people in the year 2000.

December 2002 Target: As of December 2002, the incidence of primary and secondary syphilis is reduced from 7.1 cases per 100,000 to 6.1 cases per 100,000.

Status:

1) Will the December 2002 target be attained?

No, the target will not be attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%) *N/A*

3) Which strategies were the most successful in target attainment? *N/A*

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies? *N/A*

6) What objectives will be carried over into the AIP for Year 2003?

All objectives will be carried over into the AIP for 2003

7) Which new objectives will be introduced in the AIP for Year 2003?

STD Program's objectives will continue unchanged.

8) If there is any additional information, it should be added here.

Target in 2003 will be more achievable.

2) **2010 Goal 19-4:** The incidence rate for congenital syphilis has been reduced to no more than 10 cases per 100,000 live births.

Objective 19-4: Reduce the incidence of congenital syphilis to no more than 10 cases per 100,000 live births.

Baseline: The incidence rate for congenital syphilis in the year 2000 was 52.0 per 100,000 live births.

December 2002 Target: As of December 2002, the incidence rate for congenital syphilis has been reduced from 52.0 cases per 100,000 to no more than 42.0 cases per 100,000 residents.

Status:

1) Will the December 2002 target be attained?

No, the target will not be attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%) *N/A*

3) Which strategies were the most successful in target attainment? *N/A*

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies? *N/A*

6) What objectives will be carried over into the AIP for Year 2003?

All objectives will be carried over into the AIP for 2003

7) Which new objectives will be introduced in the AIP for Year 2003?

STD Program's objectives will continue unchanged.

8) If there is any additional information that you wish to add regarding the AIP for 2003, please do so here.

Target in 2003 will be more achievable.

3) **2010 Goal 19-1:** The proportion of women testing positive for Chlamydia trachomatis in the District's STD Clinic has been reduced by 3.2 percent and in the family planning clinics by 4.92 percent.

Objective 19-1: Reduce the proportion of women in the District of Columbia testing positive for Chlamydia trachomatis infections in the STD Clinic by 3.28 percent and in family planning clinics by 4.92 percent.

Baseline 19-1: The proportion of women in the District of Columbia testing positive for Chlamydia trachomatis infections in the STD Clinic was 6.0 percent (146 of 2,428) and in family planning clinics 3.8 percent (108 of 2,801) in 2000.

December 2002 Target: As of December 2002, the proportion of women testing positive for Chlamydia trachomatis in the District's STD Clinic has been reduced by at least 0.5 percent to 5.5 percent and in the family planning clinics by at least 0.5 percent to 3.3 percent.

Status:

1)Will the December 2002 target be attained?

No, the target will not be attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%) *N/A*

3) Which strategies were the most successful in target attainment? *N/A*

4) Which strategies were the least successful? *N/A*

5) What significance does the attainment of this target have for the selection of your AIP 2003 objectives and strategies? *N/A*

6) What objectives will be carried over into the AIP for Year 2003?

All objectives will be carried over into the AIP for 2003.

7) Which new objectives will be introduced in the AIP for Year 2003?

STD Program's objectives will remain unchanged.

8)If there is any additional information that you wish to add, please do so here.

Target in 2003 will be more achievable.

Focus Area: Substance Abuse

Substance abuse is a leading health indicator.

1) **2010 Goal 20-1:** No more than 50 percent of youth report ever having tried cigarette smoking.

Objective 20-1: Reduce to no more than 50 percent the proportion of youth who have ever tried cigarette smoking.

Baseline 20-1: 62.9 percent of boys and girls have tried smoking, according to the 1999 District of Columbia Youth Risk Behavior Survey (YRBS).

December 2000 Target: As of December 2002, 59.7 percent of boys and girls report having tried smoking (a decrease of 5 percent from 62.9 percent in 1999).

Status:

1) Will the December 2002 target be attained?

According to data released in 2002, the December 2002 targets established through use of the Youth Risk Behavior Survey (YRBS) were attained.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

The target was surpassed by 100%.

3) Which strategies were the most successful in target attainment?

- *Distribution of substance abuse prevention information throughout District neighborhoods, including District Public and Charter Schools, in order to reach 35,000 youth*

- *Provision of training on substance abuse prevention to 500 persons including staff of community-based organizations, school personnel, faith leaders, parents and other youth workers*

- *Awarding of 10-15 grants to community-based organizations to provide prevention programs to children, youth and families; to develop and implement community-based and environmental strategies for ATOD prevention.*

4) Which strategies were the least successful?

- *Distribution of 500,000 pamphlets on alcohol, tobacco and other drugs (ATOD) abuse prevention to residents. It is difficult to measure the direct impact of this strategy.*

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Attainment of this target and the decrease in underage smoking will influence proposed targets for December 2003. New baseline data of 56.7 percent will be imposed for December 2003.

6) What objectives will be carried over into the AIP for Year 2003?

At present, all objectives will be carried over into the AIP for Year 2003.

7) Which new objectives will be introduced in the AIP for Year 2003?

At the present time, no new objectives will be introduced in the 2003 AIP.

8) If there is any additional information on the 2003 AIP, please add it here.

The Office of Prevention and Youth Services is currently reviewing information as it pertains to the 2003 AIP substance abuse prevention plan.

2) **2010 Goal 20-2**: No more than 51 percent of youth report that they have ever drunk alcohol.

Objective 20-2: Reduce to 51 percent the proportion of youth who have ever drunk alcohol.

Baseline 20-2: Of District youth, 66.5 percent reported drinking alcohol, according to the 1999 District of Columbia YRBS.

December 2002 Target:: As of December 2002, 63.5 percent of District youth will report having had one or more drinks during their lifetime (a decrease of 5 percent from 66.5 percent in 1999).

Status:

1) Will the December 2002 target be attained?

The December 2002 will be attained as reported in the 2002 YRBS.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

The target of 66.5 percent was attained by a 100% margin.

3) Which strategies were the most successful in target attainment?

- *Empower youth through education and knowledge to change their attitudes toward ATOD use.*
- *Enhance the adolescent's refusal skills for alcohol and other drugs.*
- *By 2010, reduce by 5 percent the proportion of young people who have used alcohol, marijuana and cocaine in the past month.*

4) Which strategies were the least successful?

Provide prevention education at 147 District of Columbia Public Schools (DCPS) and 15 Charter Schools (PCS).
Justification: Due to staff attrition, the Office of Prevention and Youth Services (OPYS) made a decision to reduce the number of schools it would reach. However, providing prevention education in both the DCPS and PSC school systems remains an effective strategy that continually aids in the reduction of ATOD use by school-aged youth.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Attainment of this target is significant in that strategies incurred are contributing to the overall reduction of the 2010 objective to reduce to no more than 51 percent the proportion of youth who have ever used alcohol. New baseline data of 58.9 percent will be imposed for the December 2003 AIP.

6) What objectives will be carried over into the AIP for Year 2003?

All objectives will be carried over into the AIP for Year 2003.

7) Which new objectives will be introduced in the AIP for Year 2003?

At the present time, no new objectives will be introduced in the AIP for Year 2003.

8)If there is any additional information on the 2003 AIP, please add it here.

The OPYS is currently reviewing information as it pertains to the 2003 AIP substances abuse prevention plan.

3) **2010 Goal 20-3**: No more than 20 percent of youth report that they have ever used marijuana.

Objective 20-3: Reduce to 20 percent the proportion of youth who have ever used marijuana.

Baseline: Of District youth, 45.1 percent reported use of marijuana one or more times during their lifetime, according to the 1999 DC YRBS.

December 2002 Target: As of December 2002, 42.8 percent of District youth will report having used marijuana one or more times during their lifetime (a decrease of 5 percent from 45.1 percent in 1999).

Status:

1) Will the December 2002 target be attained?

The December 2002 target will be attained as reported in the 2002 YRBS .

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

The target of 42.8 percent was attained by a 100% margin.

3) Which strategies were the most successful in target attainment?

- *Provision of educational materials to 100,000 District youth and adult residents on the harmful physical effects of marijuana use.*
- *Conducting of 25 workshops for children and youth participants in after-school programs.*

4) Which strategies were the least successful?

- *Provision of prevention education at 147 District of Columbia Public Schools (DCPS) and 15 Charter Schools (PCS).*
  Justification: Due to staff attrition, OPYS made a decision to reduce the number of schools it would reach. However, providing prevention education in both the DCPS and PCS school systems remains an effective strategy that continually aids in the reduction of ATOD use by school-aged youth.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Attainment of this target is significant in that strategies incurred are contributing to the overall reduction of the 2010 objective to reduce to no more than 20 percent the proportion of youth who report that they have ever used marijuana. New baseline data of 36.5 percent will be imposed for the December 2003 AIP.

6) What objectives will be carried over into the AIP for Year 2003?

Currently, all objectives will be carried over into the AIP for Year 2003.

7) Which new objectives will be introduced in the AIP for Year 2003?

At present, no new objectives will be introduced in the AIP for Year 2003.

8) If there is any additional information on the 2003 AIP, please add it here.

The OPYS is currently reviewing information as it pertains to the 2003 AIP substance abuse prevention plan.

Focus Area - Tuberculosis

1) **2010 Goal 21-1**: The incidence of tuberculosis in the District of Columbia has been reduced to no more than 9.9 cases per 100,000 people.

Objective 21-1: Reduce the incidence of tuberculosis (TB) in the District of Columbia to no more than 9.9 cases per 100,000 people.

For Asian/Pacific Islanders, from 3.3 cases per 100,000 people in 1999 to no more than 1.5 cases per 100,000 in 2010.

For African Americans, from 16.3 cases per 100,000 people in 1999 to 10 cases per 100,000 people in 2010.

For Hispanics, from 16.0 cases per 100,000 people in 1999 to 5 cases per 100,000 people in 2010.

For American Indians/Alaska Natives, from 0 cases per 100,000 people in 1999 to 0.5 cases per 100,000 people in 2010.

Baseline 21-1: 13.7 cases of tuberculosis per 100,000 people in 1999.

December 2002 Target: As of December 2002, the incidence of tuberculosis in the District of Columbia will have been reduced from 13.7 cases per 100,000 people to 12.0 cases per 100,000.

Status:

1) Will the December 2002 target be attained?

The target was not attained (12.5 cases per 100,000)

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

Target was not attained.

3) Which strategies were the most successful in target attainment?

Although the target was not attained, collaboration with hospitals, clinics was most successful.

4) Which strategies were the least successful?

Targeted screening.

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Target not attained.

6) What objectives will be carried over into the AIP for Year 2003?

Objective 21-1: Reduce the incidence of tuberculosis (TB) in the District of Columbia to no more than 9.9 cases per 100,000 people.

7) Which new objectives will be introduced in the AIP for Year 2003?

Increase the rate of completion of preventive therapy.

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*

2) **2010 Goal 21-2:** 90 percent of close contacts of persons with active tuberculosis complete the recommended preventive therapy.

Objective 21-2: Increase to 90 percent the proportion of close contacts of persons with active tuberculosis who complete the recommended courses in preventive therapy.

Baseline: 21-2: Less than 10 percent of close contacts of persons with active tuberculosis completed preventive therapy in 1999.

December 2002 Target: As of December 2002, 50% of close contacts completed recommended preventive therapy.

Status:

1) Will the December 2002 target be attained?

The target was not attained (15% completion)

.

2) If it will be attained, by what margin? (100%, 75%, 50%, 25%)

Target was not attained.

3) Which strategies were the most successful in target attainment?

Incentives and enablers.

4) Which strategies were the least successful?

DOT for preventive therapy

5) What significance does the attainment of this target have for the selection of your 2003 AIP objectives and strategies?

Target not attained. It will be carried over in the 2003 AIP.

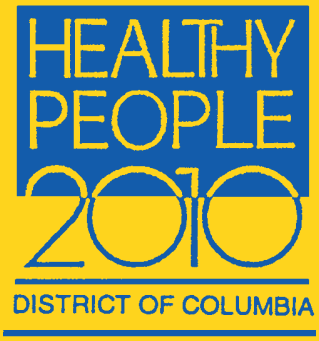
6) What objectives will be carried over into the AIP for Year 2003?

Increase prevention treatment completion rate (Objective 21-2).

7) Which new objectives will be introduced in the AIP for Year 2003?

Implement a database tracking system.

8) If there is any additional information on the 2003 AIP, please add it here. *N/A*



CARL W. WILSON, DIRECTOR
STATE CENTER FOR HEALTH STATISTICS
825 NORTH CAPTIOL STREET, NE SUITE 2100
WASHINGTON, DC 20002
(202) 442-5865